

2000 UNIFORM BUSINESS REPORT (UBR)

1062

DOCUMENT # **L06146**
 1. Entity Name
HARRY'S TRANSMISSION SERVICE INC

FILED

00 JUL 13 PM 3:54

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
4506 E. BROADWAY 4506 E. BROADWAY
TAMPA, FL 33605 TAMPA, FL 33605

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2976796** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DICKINSON, GERALD
4506 E. BROADWAY
TAMPA, FL 33605

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DICKINSON, GERALD	
STREET ADDRESS	4506 E. BROADWAY	
CITY-ST-ZIP	TAMPA, FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DICKINSON, MARY	
STREET ADDRESS	4506 E. BROADWAY	
CITY-ST-ZIP	TAMPA, FL 33605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Gerald P. Dickinson** 7/10/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR21E034 (9/93)

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June 8, 2000

Florida Dept. of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

We did not receive a for profit corporation annual report. On April 26th we timely mailed our check #2155 with the pertinent information to cover our registration.

On June 6th we received the enclosed note in the enclosed envelope with our check #2155. Apparently the Post Office screwed up. Our original mailing envelope was not returned, but our information got to Tallahassee. Upon questioning our local Post Office says the envelope possibly got tore up in one of the mail-sorting-machines.

We trust you will accept our check #2155 as the timely filing of our annual report.

Sincerely


Harrys Transmission Service Inc.