

# 2001 UNIFORM BUSINESS REPORT (UBR)

0024207 -AF

**DOCUMENT # M00000001667**

1. Entity Name  
**HARCO SERVICES, L.L.C.**

**FILED**

01 FEB 16 AM 10:45

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**4492 ACWORTH INDUSTRIAL DR. STE 103**      **4492 ACWORTH INDUSTRIAL DR. STE 103**  
**ACWORTH GA 30101**      **ACWORTH GA 30101**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      P.O. Box 173  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Acworth, Georgia**

Zip      Country      Zip      Country  
**30101**      **USA**

4. FEI Number      Applied For  
**58-2262609**      Not Applicable

5. Certificate of Status Desired      \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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)  
 Signature, typed or printed name of registered agent and title if applicable.      DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Carlos R. Arnaud</b> <b>3261 Old Highway 41</b> <b>Kennesaw GEORGIA 30144</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Jerry M. Hollis, Jr.</b> <b>6317 Cheatham Lake Drive</b> <b>Acworth, Georgia 30101</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300003745993-7</b> <b>-02/21/01--01101--016</b> <b>*****50.00 *****50.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Jerry M. Hollis, Jr.*      SIGNATURE REQUIRED      2-13-01      770 917 8846  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (11/00)