

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M 93407

1. Entity Name

J.P. Harris, Inc.

Principal Place of Business

5906 Silver Oak Drive Mailing Address

Ft. Pierce, FL 34982 same

✓ Principal Place of Business

✓ Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0066200

Applied For

Not Applicable

Zip

Country

Zip

Country

✓ 5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Joseph P. Harris

5906 Silver Oak Drive
Ft. Pierce, FL 34982

✓ 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (11/00)

TITLE President Delete
NAME Joseph P. Harris
STREET ADDRESS 5906 Silver Oak Drive
CITY-ST-ZIP Ft. Pierce, FL 34982

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V. P. Delete
NAME Melita L. Harris
STREET ADDRESS 5906 Silver Oak Drive
CITY-ST-ZIP Ft. Pierce, FL 34982

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
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CITY-ST-ZIP

TITLE Delete
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TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: Joseph P. Harris

J. P. Harris

(561) 461-6468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10062865

DO NOT WRITE IN THIS SPACE

✓ Principal Place of Business	✓ Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
6. Name and Address of Current Registered Agent	
Joseph P. Harris 5906 Silver Oak Drive Ft. Pierce, FL 34982	
✓ 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.	
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<input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS	
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President <input type="checkbox"/> Delete NAME Joseph P. Harris STREET ADDRESS 5906 Silver Oak Drive CITY-ST-ZIP Ft. Pierce, FL 34982	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE V. P. <input type="checkbox"/> Delete NAME Melita L. Harris STREET ADDRESS 5906 Silver Oak Drive CITY-ST-ZIP Ft. Pierce, FL 34982	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	
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SIGNATURE: Joseph P. Harris	
J. P. Harris	
(561) 461-6468	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date	
Daytime Phone #	