2001 UNIFORM BUSINESS REPORT (UBR)

2001 ONIFORM DOSINESS REPORT (UBR)									
DOCUMENT # M9500000343 1. Entity Name									
HARRELL CONSTRUCTION GROUP, LLC						FILED			
						01 JAN 21	5 PM 3:15		
•	ce of Business ID COLONY PARKWAY	Mailing Address				SECRETARY OF STATE			
RIDGELAND I			PO BOX 12850 JACKSON MS 39236-2850			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 3. Mailing Address									
	Table of Dasiness	5. Walling Address							
Suite, Apt		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State				64-08874	18	Applied For Not Applicable	
Zip	Country	Zip	Zip Couni		5. Certi	icate of Status Desired	□ \$5.00 Fee Requ	Additional uired	
	6. Name and Address of Curre	ent Registered Agent		Name	7. Nam	and Address of New	Registered Agent		
C T CORPORATION SYSTEM									
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Street Address (P.O. Box Number is Not Acceptable)					
PLANIAII	IUN FL 33324						FL Zip C	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.									
, and the state of									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$50.00									
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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.									
This was a state of the second									
SIGNATURE: 01/15/01 601/206-7600 SIGNATURE and Types OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Description Phone #									