

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90367 016 \*\*\*\*61.25

**DOCUMENT # N04027**

1. Entity Name

**H.A.R.C. INDUSTRIES PARENTS' GROUP, INC.**

Principal Place of Business

Mailing Address

10802 HACKNEY DR  
 RIVERVIEW FL 33569  
 US

3907 W DELEON ST  
 TAMPA FL 33609  
 US

2. Principal Place of Business

3. Mailing Address

**7335 POTTS RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**RIVERVIEW, FL**

City & State

City & State

Zip

Country

Zip

Country

**33569**

**U-S-A**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75-Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCPKE, JOANNE M**  
**3907 W DELEON ST**  
**TAMPA FL 33609**

Name

**LORRAINE CHAMBLISS**

Street Address (P.O. Box Number is Not Acceptable)

**7335 POTTS RD.**

City

**RIVERVIEW, FL**

**FL**

Zip Code

**33569**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **LORRAINE CHAMBLISS**

*Lorraine Chambliss*

**7/9/02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
 min. will be \$236.25.**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
 NAME **CHAMBLISS, LORRAINE**  
 STREET ADDRESS **7335 POTTS RD**  
 CITY-ST-ZIP **RIVERVIEW FL**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **HELEN MYERS**  
 STREET ADDRESS **8616 MOORE ST.**  
 CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE **SD** ☐ Delete  
 NAME **NOVAK, BEVERLY**  
 STREET ADDRESS **2822 FAIRWAY-VIEW DR**  
 CITY-ST-ZIP **BRANDON FL**

TITLE **SD** ☒ Change ☐ Addition  
 NAME **NANCY DONOH**  
 STREET ADDRESS **318 INDIAN DR.**  
 CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE **VT** ☐ Delete  
 NAME **MCPKE, JOANNE**  
 STREET ADDRESS **3907 W DELEON ST**  
 CITY-ST-ZIP **TAMPA FL**

TITLE **VT** ☐ Change ☐ Addition  
 NAME **JOANNE MCPKE**  
 STREET ADDRESS **3907 W. DELEON ST.**  
 CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE **D** ☐ Delete  
 NAME **CHAMBLISS, K WAYNE**  
 STREET ADDRESS **7335 POTTS RD**  
 CITY-ST-ZIP **RIVERVIEW FL**

TITLE **D** ☒ Change ☐ Addition  
 NAME **LORRAINE CHAMBLISS**  
 STREET ADDRESS **7335 POTTS RD.**  
 CITY-ST-ZIP **RIVERVIEW, FL 33569**

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

*Lorraine Chambliss*

**LORRAINE CHAMBLISS**

CR2E037 (4/02)