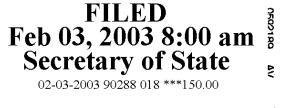
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

JOCUMENT# PO	0000042346		
HARRISON PROPERTY MAN	RTY MANAGEMENT, INC.		
Principal Place of Business	Mailing Address		
4332 HAMMERSMITH DRIVE	4332 HAMMERSMITH DRIVE		
CLERMONT EL 34711	CLERMONT FL 34711		



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Principal Place of Business 4332 HAMMERSMITH DRIVE CLERMONT FL 34711			Mailing Address 4332 HAMMERSMITH DRIVE CLERMONT FL 34711					The state of the s			
Principal Place of Business 3. Mailing Address				ling Address							
Suite, Apt. #, etc. Suit			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4	50-3644552			pplied For	
Zip Country Zip				Cour	try	5	5. Certificate of Status Desired 58.75 Additional Fee Required				
	6 Name	and Address of Current	Registere	d Agent		l	7.	. Name and Address of I	New Registered A	pent	
	o. Italiic	und Addices of Carrent	regiotere	o rigoni		Name					
LOWMAN, WILLIAM R JR.						Street Address (P.O. Box Number is Not Acceptable)					
SUITE 60	nson stf O	EEI 11 Ta	•				· n				
ORLANDO FL 32801					City			FL	Zip Cod		
8. The above the obligation of	named entitions of regis	y submits this statement for ered agent.	r the purp	ose of changing its	register	ed office or reg	istered a	agent, or both, in the State	of Florida. I am fa	miliar with,	and accept
	Signature, typed	or printed name of registered agent	and title if app	licable (NOTI	E: Registere	d Agent signature rec	quired whe	n reinstating)	DATE		
After	May 1, 20	I! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o	f State				4	9. Election Campai Trust Fund Contr			0 May Be to Fees
10.		, OFFICERS AND	DIRECTO	RS	11.			ADDITIONS/CHANGES TO	O OFFICERS AND	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4332 HAI	N, BENJAMIN F MMERSMITH DRIVE NT FL 34711	<u> BINLOTO</u>	☐ Delete	TITLI NAM STRE		,			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	☐ Addition
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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 equired by Chapter 607, 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: