

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90235 036 ***150.00

DOCUMENT # P00000043839

1. Entity Name
HARRIS FINANCIAL SERVICES, INC.



Principal Place of Business
**2823 KENILWORTH BLVD
SEBRING FL 33870**

Mailing Address
**2823 KENILWORTH BLVD
SEBRING FL 33870**



2. Principal Place of Business
6017 BAY LANE
Suite, Apt. #, etc.

3. Mailing Address
6017 BAY LANE
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
SEBRING FL

City & State
SEBRING FL

4. FEI Number **65-1009715**

Applied For
Not Applicable

Zip **33876** Country **USA**

Zip **33876** Country **USA**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HARRIS, R. KEN
2823 KENILWORTH BLVD
SEBRING FL 33870**

7. Name and Address of New Registered Agent

Name **HARRIS, R. KEN.**
Street Address (P.O. Box Number is Not Acceptable)
6017 BAY LANE
City **SEBRING** FL Zip Code **33876**

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 *R. Ken Harris*

2-16-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	HARRIS, R. KEN
STREET ADDRESS	2823 KENILWORTH BLVD
CITY-ST-ZIP	SEBRING FL 33870
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, R. KEN
STREET ADDRESS	6017 BAY LANE
CITY-ST-ZIP	SEBRING, FL 33876
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *R. Ken Harris* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-03

Date

863-655-1827

Daytime Phone #

CR2E034 (10/02)