

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2001 8:00 am**  
**Secretary of State**  
 08-21-2001 90035 008 \*\*\*158.75

0083977 AV

**DOCUMENT # P00000099692**

1. Entity Name  
**ARTHUR L. HARRIS JR., INCORPORATED**

Principal Place of Business  
**903 STRATFORD MANOR DR.  
 BRANDON FL 33510**

Mailing Address  
**903 STRATFORD MANOR DR.  
 BRANDON FL 33510**

2. Principal Place of Business  
**12808 Sydney Road**

3. Mailing Address  
**P.O. Box 2684**

Suite, Apt. #, etc.

City & State  
**DOVER, FLORIDA**

City & State  
**VALRICO, FLORIDA**

Zip  
**33527**

Country  
**Hillsborough**

Zip  
**33595**

Country  
**USA**

4. FEI Number  
**59-3678743**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KNOWLTON, HORACE A IV  
 442 W. KENNEDY BLVD., #280  
 TAMPA FL 33606**

**7. Name and Address of New Registered Agent**

Name  
**HORACE A. KNOWLTON IV, P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**405 W. Azeele St.**

City **Tampa** **FL** Zip Code **33606**

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 **H. A. Knowlton IV**

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

(NOTE: Registered Agent signature required when reinstating)

**8/9/01**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HARRIS, ARTHUR L JR 903 STRATFORD MANOR DR. BRANDON FL 33510</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, P Harris, Arthur L. Jr. 12808 Sydney Rd Dover, FL 33527</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Arthur L. Harris Jr. President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/7/2001 813-6430445**

Date Daytime Phone #

CR2E034 (5/01)

Attachment *A0082393*  
Doc # *P00000099692*

**ARTHUR L. HARRIS JR. INC.**

**P.O. BOX 2684**

**VALRICO, FLORIDA 33595-2684**

**PHONE: 813-643-0445 FAX: 813-684-3501**

**State Certified Class "A" Air Conditioning Contractor  
CACO-57446**

August 14, 2001


Division of Corporations  
Uniform Business Report Filing  
P.O. Box 1500  
Tallahassee, Fl. 32302-1550

Dear Sir,

Today I spoke with your office to inquire about the fee of \$550.00 for registering my corporation with the state. I had not been notified of this fee prior to receiving the Uniform Business Report. I spoke with someone and gave them my Document Number, (P00000099692), and he said since I was not informed of this to send a check for \$150.00 plus \$8.75 for certificate of status to your office.

If you have any questions, you can reach me on my cell phone, # 813-335-7245, anytime.

Thank You,

  
Arthur L. Harris Jr.

President