

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90085 017 ***150.00

DOCUMENT # P01000004387

1. Entity Name

HARMON HOMES, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

326 PEABODY CIRCLE
Suite, Apt. #, etc.

3. Mailing Address

326 PEABODY CIRCLE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

AVON PARK FL.

City & State

AVON PARK FL.

4. FEI Number

65-1068162

Applied For

Not Applicable

Zip

33825

Country

HIGHLANDS

Zip

33825

Country

HIGHLANDS

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

7. Name and Address of Current Registered Agent

Name

ALAN HARMON

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

326 PEABODY CIRCLE

City

AVON PARK

FL

Zip Code

33825

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PRES.
NAME	RICK HARMON
STREET ADDRESS	324 PEABODY CIRCLE
CITY - ST - ZIP	AVON PARK FL 33825
TITLE	V-PRES
NAME	ALAN HARMON
STREET ADDRESS	326 PEABODY CIRCLE
CITY - ST - ZIP	AVON PARK FL 33825
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Alan Harmon ALAN HARMON

APR 29 2002

863-446-3207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)