

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 25, 2002 8:00 am**
Secretary of State

08-25-2002 90196 014 ***550.00

0005037 AV

DOCUMENT # P010000270191. Entity Name
HARRISON - WATKINSON, INC.Principal Place of Business
**2908 NORTHMONT DR
TALLAHASSEE FL 32303**Mailing Address
**2908 NORTHMONT DR
TALLAHASSEE FL 32303**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3030 N. Rocky Point Dr., W3. Mailing Address
PO Box 23966Suite, Apt. #, etc.
Suite 670

Suite, Apt. #, etc.

City & State
Tampa, FLCity & State
TampaZip
33607Country
HillsboroughZip
33623-3966Country
Hillsborough4. FEI Number
59-3707485

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****DUCHEMIN, CALIRE A P.A.
1834 HERMITAGE BLVD, STE 201
TALLAHASSEE FL 32308****7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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

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) ☐**FILE NOW!!! FEE IS \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HARRISON, B LEE JR
2908 NORTHMONT DR
TALLAHASSEE FL 32303** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WATKINSON, ARLIE G JR
2908 NORTHMONT DR
TALLAHASSEE FL 32303** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Watkinson, Arlie G Jr
3030 N. Rocky Point Dr., W, Ste 670
Tampa, FL 33607** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
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☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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, name, or other like empowered.

SIGNATURE:

8/16/02 813/289 3632

CR2E034 (4/02)