## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# DO100014

## FILED Mar 20, 2003 8:00 am Secretary of State

DOCUMENT # P01000106036  1. Entity Name NANCY S. HARRIS, INC.						Secretary of State 03-20-2003 90155 017 ***150.00	
Principal Place 315 N. SUMN CRESCENT C		315	ng Address N. SUMMIT ST SCENT CITY FL 32112	2			
2. Principal F	Place of Business	<b>3</b> . Ma	3. Mailing Address				
Suite, Apt.	#, etc.	Sui	te, Apt. #, etc.	··· ·· · · · · ·		CHECK HERE IF MAKING CHANGES	
City & Stat	e	City & State		<del></del>		4. FEI Number 59-3760934 Applied For Not Applicable	
Zip Country		Zip		Country		5. Certificate of Status Desired See Required	
-	- 6. Name and Address of Curre	nt Register	ed Agent		sv≿ ೦೯೯ ಕನು	7: Name and Address of New Registered Agent	
				Name	)		
HARRIS, NANCY S 255 S. PROSPECT STREET				Stree	Street Address (P.O. Box Number is Not Acceptable)		
CRESCEN	IT CITY FL 32112 🗽						
			City			FL Zip Code	
8. The above the obligat	named entity submits this statement ions of registered agent.	for the purp	oose of changing its	registered office	or registere	red agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE .	Signature, typed or printed name of registered ag-	ent and title if app	olicable. (NOTE:	Registered Agent sig	nature required v	d when reinstating) DATE	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.0 Payable to Florida Department				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees		
10.	OFFICERS AN	ID DIRECTO	PS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	DP HARRIS, NANCY S 255 S. PROSPECT ST CRESCENT CITY FL 32112		☐ Delete	TITLE  NAME  STREET ADDRES  CITY-ST-ZIP	S	☐ Change ☐ Addition	
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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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03 (386)698-2776