

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90016 039 ***150.00

04/14/03 AV

DOCUMENT # P01000118991

1. Entity Name

ROBERT W. HARMON, P.A.



Principal Place of Business

**136 S PINEAPPLE AVE
SARASOTA FL 34239**

Mailing Address

**136 S PINEAPPLE AVE
SARASOTA FL 34239**

2. Principal Place of Business

1875 OLEANDER STREET

Suite, Apt. #, etc.

3. Mailing Address

1875 OLEANDER STREET

Suite, Apt. #, etc.

City & State

SARASOTA, FLORIDA

City & State

SARASOTA, FLORIDA

Zip

34239

Country

USA

Zip

34239

Country

USA

4. FEI Number

30-0016686

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BARRETT HECKER, SUSAN
200 S ORANGE AVE
SARASOTA FL 34239**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

President 10 April 03

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 **CEOP** ☐ Delete
NAME **HARMON, ROBERT W**
STREET ADDRESS **136 PINEAPPLE**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **VP** ☐ Delete
NAME **HARMON, ROBERT W**
STREET ADDRESS **136 PINEAPPLE**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **ST** ☐ Delete
NAME **HARMON, ROBERT**
STREET ADDRESS **136 PINEAPPLE**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **1875 OLEANDER STREET**
CITY-ST-ZIP **SARASOTA, FLORIDA 34239**

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TITLE ☐ Change ☐ 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

Robert W. Harmon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10 April 03 941-957-0584

CR2E034 (10/02)