

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90113 022 ***150.00

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DOCUMENT # P02000052198

1. Entity Name
L.L. HARRIS & COMPANY, INC.



Principal Place of Business
**1211 EAST MADISON AVENUE
TAMPA FL 33602**

Mailing Address
**1211 EAST MADISON AVENUE
TAMPA FL 33602**



2. Principal Place of Business

4020 E 7th AVE

3. Mailing Address

PO Box 172478

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Tampa, FL 33605

City & State

Tampa FL

4. FEI Number

460478167

Applied For

Not Applicable

Zip

33605

Country

USA

Zip

33672

Country

USA

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

6. Name and Address of Current Registered Agent

**HARRIS, LINDSEY L
1211 EAST MADISON AVENUE
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name **LINDSEY HARRIS**

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

4020 East 7th AVE

City **Tampa**

FL

Zip Code

33605

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-03

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 ☐ Delete
NAME **CEOP**
STREET ADDRESS **HARRIS, LINDSEY L**
CITY-ST-ZIP **1211 EAST MADISON AVENUE
TAMPA FL 33602**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **CEO, P S T**
STREET ADDRESS **Lindsey Harris**
CITY-ST-ZIP **4020 E 7th AVE
Tampa, FL 33605**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

813-477-8912

Date

Daytime Phone #

CR2E034 (10/02)