FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91902 005 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000080755

1. Entity Name
HARISONS SERVICES, INC.

Principal Place of Business	Mailing Address
5401 COOKMAN RD STE 505 ORLANDO, FL 32819	5401 COOKMAN RD STE 505 ORLANDO, FL 32819

2. Principal Place of Business	3. Mailing Address
4403 VINELAND RD	4403 VINELAND RD
Suite, Apt. #, etc. B12	Suite, Apt. #, etc. B12
City & State ORLANDO FL	City & State ORLANDO FL
Zip 32811 Country USA	Zip 32811 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 41-2092704 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22 ST 4 FLR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name: DESAI ATUL
Street Address (P.O. Box Number is Not Acceptable): 4403 VINELAND RD STE B12
City: ORLANDO FL Zip Code 32811

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] ATUL DESAI April 27/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DESAI, ATUL H ~~5401 COOKMAN RD STE 505~~ 4403 VINELAND RD STE B12 ~~ORLANDO, FL 32819~~ ORLANDO, FL 32811	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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] ATUL H DESAI April 27/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #