

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000102280



FILED

1. Entity Name
HARRISON, ROBINSON & TAYLOR, INC.

03 SEP 18 PM 2:57

Principal Place of Business
**501 DANUBE AVENUE
TAMPA FL 33606
US**

Mailing Address
**501 DANUBE AVENUE
TAMPA FL 33606
US**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
56-2298009

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SALEM SAXON, P.A.
101 E. KENNEDY BLVD.
SUITE 3200
TAMPA FL 33602**

Name **HAROLD E. HARRISON, JR.**

Street Address (P.O. Box Number is Not Acceptable)
220 W. 109th AVE

City **TAMPA, FL** Zip Code **33612-6609**

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 **Harold E. Harrison, Jr.** **HAROLD E. HARRISON, JR.** **4-7-03**
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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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)(f), 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: **Harold E. Harrison, Jr.** **HAROLD E. HARRISON, JR.** **4-7-03** **813-932-2114**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment#

August 15, 2003

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302-1500

To Whom It May Concern:

Re: P02000102280

Harrison, Robinson and Taylor, Inc
501 Danube Avenue
Tampa, FL 33606

We are in receipt of a notice to file and pay for our Uniform Business Report. This report was filed and mailed in the envelope provided on April 7, 2003. It was paid with check # 1005. This check is still outstanding and therefore we are sending a replacement check as well as a copy of our original filing.

We are sending this certified mail to ensure it is received. If you should have any questions please give us a call at 813-250-9156

Sincerely,

Harold E. Harrison, Jr.

Harold E., Harrison, Jr.
Vice President

Enclosures