FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2004 8:00 am
Secretary of State
01-30-2004 90086 001 ***150.00

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DOCUMENT # PD2000130690

1. Entity Name
Harrell Partners, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Jupiter FL	123 Elsa Rd
Suite, Apt. #, etc. 123 Elsa Rd	Suite, Apt. #, etc.
City & State Jupiter FL 33477	City & State Jupiter FL 33477
Zip 33477 Country Palm Beach	Zip 33477 Country Palm Beach

DO NOT WRITE IN THIS SPACE

4. FEI Number 82-0577931 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name James A. Vastarelli
Street Address (P.O. Box Number is Not Acceptable)
314 Fairway North
City Tequesta **FL** Zip Code 33469

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 Marcia Harrell
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President W. David Harrell 123 Elsa Rd Jupiter, FL 33477	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Marcia Harrell - W David Harrell 1/28/04 (561) 575-4413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Marcia Harrell W David Harrell President — Date — Daytime Phone #