

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90060 020 ***550.00

0147691 AB

DOCUMENT # P02000131510

1. Entity Name
JOE HARPRING, CORP.



Principal Place of Business
**5721 DELROSE DRIVE
MOBILE AL 36609
US**

Mailing Address
**5721 DELROSE DRIVE
MOBILE AL 36609
US**



2. Principal Place of Business

3. Mailing Address

214 S.E. 8th Street

Same as #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt #6

City & State

City & State

Hollandale Beach, FL

Zip

Zip

Country

Country

33009

Broward

4. FEI Number

38-3667343

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

7. Name and Address of New Registered Agent

**KOSLOWSKY, DAVID
17531 NW 62 PLACE NORTH
MIAMI, FL FL 33015**

Name

Joe Harpring

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

214 S.E. 8th Street Apt. #6

City

Hollandale Beach

FL

Zip Code

33009

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 **Joe Harpring, President** **Joe Harpring, President**

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

NOTE: Registered Agent signature required when reinstating.

DATE

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
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 **P** ☐ Delete
NAME **HARPRING, JOSEPH J**
STREET ADDRESS **5721 DELROSE DRIVE**
CITY-ST-ZIP **MOBILE AL 36609**

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

TITLE **VP** ☐ Delete
NAME **GRAVES, CHRIS**
STREET ADDRESS **5721 DELROSE DRIVE**
CITY-ST-ZIP **MOBILE AL 36609**

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

TITLE **S/T** ☐ Delete
NAME **HARPRING, ANN G**
STREET ADDRESS **5721 DELROSE DRIVE**
CITY-ST-ZIP **MOBILE AL 36609**

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

TITLE **2 VP** ☐ Delete
NAME **Gary Hurley**
STREET ADDRESS **11201 S.W. 55th Street Box #72**
CITY-ST-ZIP **Miramar, FL 33025**

TITLE **2 VP** ☐ Change ☒ Addition
NAME **Gary Hurley**
STREET ADDRESS **11201 S.W. 55th Street Box #72**
CITY-ST-ZIP **Miramar, FL 33025**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Joe Harpring, President** **Joe Harpring, President** **9/8/03** **305-505-3805**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (4/03)