

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02571

1. Entity Name

HARMONY CONSTRUCTION CORPORATION OF LOUISIANA

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90070 041 ***150.00

Principal Place of Business

8687 UNITED PLAZA BLVD
SUITE 500
BATON ROUGE LA 70809
US

Mailing Address

8687 UNITED PLAZA BLVD
P O BOX 2750
BATON ROUGE LA 70821-2750
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

72-0774183

Applied For

Not Applicable

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCOLLISTER, D.L.	
STREET ADDRESS	8824 TALLYHO AVENUE	
CITY-ST-ZIP	BATON ROUGE LA	
TITLE	V	<input type="checkbox"/> Delete
NAME	BARBACK, L.M.	
STREET ADDRESS	5656 HOGANVILLE ST	
CITY-ST-ZIP	BATON ROUGE LA	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GRIFFON, L.J. JR	
STREET ADDRESS	6113 HAGERSTOWN DR	
CITY-ST-ZIP	BATON ROUGE LA	
TITLE	CD	<input type="checkbox"/> Delete
NAME	TURNER, B.S.	
STREET ADDRESS	741 DELGADO DRIVE	
CITY-ST-ZIP	BATON ROUGE LA	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOUPS, R.M.	
STREET ADDRESS	1021 OAKLEY DRIVE	
CITY-ST-ZIP	BATON ROUGE LA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARPENTER, D.R.	
STREET ADDRESS	11260 SHERATON DRIVE	
CITY-ST-ZIP	BATON ROUGE LA	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOLLISTER, D.L.	
STREET ADDRESS	17435 WEST LAKEWAY AVE.	
CITY-ST-ZIP	BATON ROUGE, LA 70810-7928	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFON, L.J. JR.	
STREET ADDRESS	4312 FRENCH VILLAGE AVE	
CITY-ST-ZIP	BATON ROUGE, LA 70809	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 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

L.J. GRIFFON, JR.

Date

2/7/2000

Daytime Phone #

(225) 922-5050

CR2E034 (9/99)