

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90188 047 ***150.00

DOCUMENT # P20842

1. Entity Name

HARRIS CONSTRUCTORS, INC.

Principal Place of Business

Mailing Address

12001 9TH ST NORTH, SUITE 4005
P.O. BOX 20894
ST. PETERSBURG FL 33742

12001 9TH ST NORTH, SUITE 4005
P.O. BOX 20894
ST. PETERSBURG FL 33742-0894

2. Principal Place of Business

3. Mailing Address

1924 9th St. North
Suite, Apt. #, etc.
SUITE C

PO Box 20894
Suite, Apt. #, etc.

City & State

City & State

ST. PETERSBURG, FLORIDA

ST. PETERSBURG, FLORIDA

Zip

Country

33706

USA

Zip

Country

33742

USA

4. FEI Number

51-0309428

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

HARRIS, W. R., JR.
12001 9TH ST NORTH, SUITE 4005
ST. PETERSBURG FL 33716

Name

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

1924 9th Street North,

Suite C

City

ST. PETERSBURG,

FL

Zip Code

33706

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
NAME HARRIS, W. R., JR.
STREET ADDRESS 12001 9TH ST. N. S 4005
CITY-ST-ZIP ST. PETERSBURG FL

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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

Date

Daytime Phone #

4/12/00

727-827-9122