

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90916 037 ***150.00

DOCUMENT # P37760

1. Entity Name
J. HARVIE MARKETING, INC.

Principal Place of Business 3460 FAIRLANE FARMS RD SUITE 5 WELLINGTON FL 33414 US	Mailing Address 3460 FAIRLANE FARMS RD SUITE 5 WELLINGTON FL 33414 US
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City, & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 38-2773481	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARVIE, JOHN C. 3460 FAIRLANE FARMS RD SUITE 5 WELLINGTON FL 33414	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State 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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P HARVIE, JOHN C.	NAME	
STREET ADDRESS	3460 FAIRLANE FARMS RD SUITE 5	STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S HARVIE, JODI L.	NAME	VP Harvie, Jodi L.
STREET ADDRESS	3460 FAIRLANE FARMS RD SUITE 5	STREET ADDRESS	3460 Fairlane Farms Rd. Suite 5
CITY-ST-ZIP	WELLINGTON FL	CITY-ST-ZIP	Wellington FL 33414
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T KLANN, JOYELLE E.	NAME	S/T Klann, Joyelle E.
STREET ADDRESS	975 PENWOOD LN	STREET ADDRESS	975 Penwood Ln.
CITY-ST-ZIP	BOLLINGBROOK IL 60440	CITY-ST-ZIP	Bollingbrook IL 60440
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *John G. Harvie* **JOHN G. HARVIE** **John G. Harvie**

Date: **4/25/01** Daytime Phone #: **561/753-6261**

CR2E034 (10/00)