

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

04-18-2000 90215 050 \*\*\*150.00

**DOCUMENT # P38040**

1. Entity Name  
**HARRISON ASSOCIATES, INC.**

**C0064901**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address ✓  
 7402 NW 34TH ST. P.O. BOX 7215 ✓  
 LAUDERHILL FL 33319 FT. LAUDERDALE FL 33338-7215 ✓  
 US US

2. Principal Place of Business 3. Mailing Address  
**1840 NE 59TH CT PO BOX 7215**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**FT. LAUDERDALE, FL FT. LAUDERDALE, FL**  
 Zip Country Zip Country  
**33308 USA 33338 USA**

4. FEI Number **52-1571749** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**RICHARD G. HARRISON**  
**7402 NE 34TH ST**  
**LAUDERHILL FL 33319**

7. Name and Address of New Registered Agent  
 Name **RICHARD G. HARRISON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1840 NE 59TH CT**  
 City **FT. LAUDERDALE FL** Zip Code **33308**

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 *Richard G. Harrison* **DIRECTOR** **03/15/2000**  
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.   
**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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HARRISON, RICHARD G.</b>	
STREET ADDRESS	<b>7402 NE 34TH ST.</b>	
CITY-ST-ZIP	<b>LAUDERHILL FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHARD G. HARRISON</b>	
STREET ADDRESS	<b>1840 NE 59TH CT</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE, FL. 33308</b>	
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 a power of attorney.

SIGNATURE: *Richard G. Harrison* **03/15, 2000** **(954) 566-6818**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)