FILED Feb 13, 2002 8:00 am Secretary of State

02-13-2002 90163 020 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

P39267

DOCUMENT # 1. Entity Name

HARRIS TECHNICAL SERVICES CORPORATION

Principal Place of Business

Mailing Address

1025 W. NASA BLVD

1025 W. NASA BLVD

WELBOOKNE	FL 32919		MELBOURNE FL 32919								
										idia didii kadi	
2. Principal Place of Business			3. Mailing Address)	JA BADA BUDA B	\$ 0 \$ 0 6 { 00 4	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4.	FEI Number 54-143221 2	<u> </u>		plied For	
Zip Country		Zip Country				34-14322 12		No	t Applicable		
333.11,		2.10	2.5		5. Certificate of Status Desired			\$8.75 Additional Fee Required			
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
		A. (A.—).			Name						
	PORATION		Street Address			ddress (P.O.	(P.O. Box Number is Not Acceptable)				
1200 S. PINE ISLAND ROAD PLANTATION FL 33324											
FEMILIATION FE 33324									T =		
* * * * * * * * * * * * * * * * * * *					City				Zip Code		
8. The above	e named entity	submits this statement for	the purpose of changing its	registere	d office o	r registered a	gent, or both, in the State of Fl	orida.			
•	•										
SIGNATURE	Signature, typed	or printed name of registered agent an	nd title if applicable. (NOTE	: Registered	Agent signat	ure required when	reinstating)	DATE			
This corp.	oration is alia	ble to esticty its Intensible	EILE NOW!) CEC	IS \$150	nn		*			
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, 2002 Fee will be \$550.00				 Election Campaign Fine Trust Fund Contribution 	· -		O May Be to Fees	
(See criteria on back)			Make Check Payab	partmen	t of State	Trast Fano Contributio	/II. L	Added	1 to Fees		
11.		OFFICERS AND D		12.		Α	DDITIONS/CHANGES TO OFF	FICERS AND	DIRECTORS	3 IN 11	
TITLE	AS	OOTT T	☐ Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS	MIKUEN, S	IASA BOULEVARD		NAME	T ADDRESS	ļ					
CITY-ST-ZIP	MELBOUR			1	ST-ZIP						
TITLE	AT		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME		CHARLES J.		NAME							
STREET ADDRESS CITY-ST-ZIP	1025 W. N MELBOUR	iasa Boulevard		75	T ADDRESS ST-ZIP						
TITLE	SD	NE FL	□ Delete	TITLE	51 211				Change	Addition	
NAME	BALLANTY	NE. R.L.		NAME					L Criango	7.0000	
STREET ADDRESS	1025 W. N	iasa Boulevard			T ADDRESS						
CITY-ST-ZIP	MELBOUR	NE FL		CITY-	ST-ZIP						
TITLE NAME	PD ROUB, b i	5	☐ Delete	TITLE					Change	☐ Addition	
STREET ADDRESS		1 IASA BLVD.			T ADDRESS						
CITY-ST-ZIP		NE FL 32919		CITY-							
TITLE			☐ Delete	TITLE		VTD	mman 7.5		_] Change	Addition	
NAME STREET ADDRESS]			NAME	T ADDRESS	WASSE	NASA BLVA				
CITY-ST-ZIP				8	T-ZIP	MEZAA	RMAN, D.S. N. NASA BLVA URNE, FL 3291	19			

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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

(321)727<u>-9106</u>

Change

Addition