

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000026209

1. Entity Name

HARWELL & ASSOCIATES, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90220 010 ***150.00

Principal Place of Business

4270 NW 8TH ST
COCONUT CREEK FL 33066

Mailing Address

4270 NW 8TH ST
COCONUT CREEK FL 33066

00063597



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4270 NW 8 ST.

3. Mailing Address

Suite, Apt. #, etc.

COCONUT CREEK

City & State
COCONUT CREEK

City & State

4. FEI Number 65-0401595

Applied For
Not Applicable

Zip 33066 Country Broward

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARWELL, JOHN L
4270 NW 8TH ST
COCONUT CREEK FL 33066

7. Name and Address of New Registered Agent

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, 2001 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 DV
NAME BELLER, RAYMOND
STREET ADDRESS 8561 NW 8TH ST
CITY-ST-ZIP PEMBROKE PINES FL 33024 ☐ Delete

TITLE PSTD
NAME HARWELL, JOHN L
STREET ADDRESS 4270 NW 8TH ST
CITY-ST-ZIP COCONUT CREEK FL 33066 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: John L Harwell John L Harwell SEC. 4-28-01 954-972-0495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0131662

CR2E034 (10/00)