

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000053012

1. Entity Name

HARCON ENTERPRISES INC.

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90041 034 \*\*\*158.75

Principal Place of Business

Mailing Address

528 E. EDGEWOOD AVE  
 #5  
 JACKSONVILLE FL 32205  
 US

P.O. BOX 6976  
 JACKSONVILLE FL 32236-6976

2. Principal Place of Business  
 5274 Ramona Ave.

3. Mailing Address  
 P.O. Box 6976

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 Jacksonville, FL

City & State  
 Jacksonville, FL

4. FEI Number 59-3256479

Applied For  
 Not Applicable

Zip  
 32205

Country  
 US

Zip  
 32236

Country  
 US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRITT, JR, ARNOLD D  
 2236 ST JOHNS AVE  
 JACKSONVILLE FL 32204

Name **Richard M. Harvey**  
 Street Address (P.O. Box Number is Not Acceptable)  
~~Box 6976~~ 5274 Ramona Blvd.  
 City Jacksonville FL Zip Code 32205

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

4-24-00

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 **D** ☐ Delete  
 NAME **HARVEY, RICHARD M**  
 STREET ADDRESS **RT 1 BOX 142**  
 CITY-ST-ZIP **SANDERSON FL 32087**

TITLE **Vice President** ☐ Change ☒ Addition  
 NAME **Marcus McInarnay**  
 STREET ADDRESS **Rt. 2, Box 76**  
 CITY-ST-ZIP **Glen St. Mary, FL 32040**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **Richard M. Harvey** ☒ Change ☐ Addition  
 NAME **PRESIDENT**  
 STREET ADDRESS **449 S. College St.**  
 CITY-ST-ZIP **Maccleddy, FL 32063 (Address Change)**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

*SIG. [Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00  
 Date

904-387-9147  
 Daytime Phone #

CR20014 (3/98)