

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State
 02-15-2001 90058 047 ***150.00

DOCUMENT # P94000053012

1. Entity Name
HARCON ENTERPRISES INC.

Principal Place of Business

**5274 RAMORA AVE
 JACKSONVILLE FL 32205
 US**

Mailing Address

**PO BOX 6976
 JACKSONVILLE FL 32236-6976**

2. Principal Place of Business

5274 Ramona Blvd.

3. Mailing Address

PO BOX 6976

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

Country

Zip

Country

32205 Duval

Duval

Duval

Duval



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3256479

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HARVEY, RICHARD M
 5274 RAMONA BLVD
 JACKSONVILLE FL 32205**

7. Name and Address of New Registered Agent

Name

Same Registered Agent

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

01-19-00

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **HARVEY, RICHARD M**
 STREET ADDRESS **449 S COLLEGE ST**
 CITY-ST-ZIP **MACCLENNY FL 32063**

TITLE **VP** ☐ Delete
 NAME **MCINARNAY, MARCUS**
 STREET ADDRESS **RT 2 BOX 76**
 CITY-ST-ZIP **GLEN SAINT MARY FL 32040**

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-19-01

Date

(904) 387-9147

Daytime Phone #

CR2E034 (10/00)