

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90046 011 ***150.00

DOCUMENT # P94000061486

1. Entity Name

HARRISON & ZECHIEL, INC.

Principal Place of Business

Mailing Address

BARCIN CIRCLE
FL 33569-4950

8766 BARCIN CIRCLE
RIVERVIEW FL 33569-4950
US

2. Principal Place of Business

3. Mailing Address

1505 Auburn Oaks Blvd

1505 Auburn Oaks Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Auburndale, FL

City & State

Auburndale, FL

Zip

33823

Country

US

Zip

33823

Country

US

4. FEI Number

59-3258820

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZECHIEL, KENNETH C
8766 BARCIN CIRCLE
RIVERVIEW FL 33569-4950

Name

MARTIN V. KNAPP

Street Address (P.O. Box Number is Not Acceptable)

1505 Auburn Oaks Blvd

City

Auburndale

FL

Zip Code

33823

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

Martin V. Knapp

President

4/10/2000

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.
(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	SD	<input checked="" type="checkbox"/> Delete
NAME	ZECHIEL, KENNETH C	
STREET ADDRESS	8766 BARCIN CIRCLE	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SAMEC, EDWARD	
STREET ADDRESS	8766 BARCIN CIRCLE	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CALLAHAN, STEVE	
STREET ADDRESS	8766 BARCIN CIRCLE	
CITY-ST-ZIP	RIVERVIEW FL	
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	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN V. KNAPP	
STREET ADDRESS	1505 Auburn Oaks Blvd	
CITY-ST-ZIP	Auburndale, FL 33823	
TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD O. KNAPP	
STREET ADDRESS	1505 Auburn Oaks Blvd	
CITY-ST-ZIP	Auburndale, FL 33823	
TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY LOU KNAPP	
STREET ADDRESS	1505 Auburn Oaks Blvd	
CITY-ST-ZIP	Auburndale, FL 33823	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lori J. Johnson	
STREET ADDRESS	1503 Auburn Oaks Blvd	
CITY-ST-ZIP	Auburndale, FL 33823	
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 all other like empowered.

SIGNATURE:

Martin V. Knapp

MARTIN V. KNAPP

4/10/00

863/967-9692
877/984-0777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)