2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000095696 1. Entity Name HARPER-MYERS, INC.					FILED Feb 07, 2000 8:00 am Secretary of State 02-07-2000 90068 050 ***150.00			
Principal Plac	e of Business	Mailing Address						
2912 LANGLEY PARK COURT ORLANDO FL 32835		P.O. BOX 690066 Orlando FL 32869-0066			DANT24AT			
	lace of Business Azalea Lane	3. Mailing Address Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
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City & State Winter		City & State			El Number 59-335		No	plied Fo
-3278	9 ··· Country	Zip	Country	. 5 (Certificate of Status Des		.75 Add Required	
	6. Name and Address of Current I	Registered Agent	Name	7.	lame and Address of I	New Registered Age	nt	
-2912	itgomery, thomas c · Langley Park Cour t Ando FL 32835 ·			ddress (P.O. B 96 A 2	ox Number is Not Acce	ptable)		
Tax filing r	Signature, typed or printed name of registered agent a pration is eligible to satisfy its Intangible equirement and elects to do so. ria on back)	FILE NOW!!! After MAY 1, 2000 Make Check Payable	FEE IS \$150.0 Fee will be \$5	00 50.00	10. Election Campa Trust Fund Cont	ign Financing	\$5.0	0 May
11	OFFICERS AND	-	12.		DITIONS/CHANGES T		-	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPEAR, LYNDA H 2653 ⁻ HUNTERS-POINT-DR WEXFORD-PA-15090	🗖 Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		Vood Creek	Drive	Change	
TITLE NAME STREET ADDRESS	D Spear, Ernest H III 2 65 3 Hunters Point Dr.	Delete	TITLE NAME STREET ADDRESS - CITY-ST-ZIP	8024	wood Creek	Drive	Change	
TITLE NAME STREET ADDRESS	WEXFORD PA-15090 PTD MONTGOMERY, KRISTY M -2912 LANGLEY PARK COURT		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1096 A	zalea Lane	42	Change	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	ORLANDO FL 32835 VSD MONTGOMERY, THOMAS C 2912 LANGLEY PARK COURT	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u>r Park FL</u> 4zalea Lane <u>Park FL</u>	Ð	Change	<u> </u>
CITY-ST-ZIP TITLE NAME STREET ADDRESS	ORLANDO FL 32835 D ARNOLD, DANNY 3510 CULLEN LAKESHORE DR.	Delete	TITLE NAME STREET ADDRESS	201110	PATE FL] Change	₽.
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORLANDO FL 32812	Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	С.
13. I hereby indicated	Certify that the information supplied with a on this report or supplemental report is poration or the receiver or trustee empo- tor on an attachment with an address, a TURE:	true and accurate and that my	he exemption sta signature shall h required by Cha	ave the same apter 607, Flori	legal effect as it made i	under oath; that I am a y name appears in Bl	an oincer	r Block