

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90019 023 ***150.00

DOCUMENT # P95000096003

1. Entity Name

MARK HARRISON, INC.

Principal Place of Business

Mailing Address

15176 U.S. 19 NORTH
 CLEARWATER FL 34624

15176 U.S. 19 NORTH
 CLEARWATER FL 34624

627228



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3349696

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MARK
HARRISON, MARY W
~~15176 U.S. HWY 19 NORTH~~
CLEARWATER FL 33764

Name

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

13845 U.S. HWY 19 NORTH

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, 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 **MARK HARRISON, MARK W**
 STREET ADDRESS **15176 U.S. 19 NORTH**
 CITY-ST-ZIP **CLEARWATER FL 34624**

Change Addition
 TITLE
 NAME
 STREET ADDRESS **13845 US Hwy 19 NORTH**
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **HARRISON, CAROL L**
 STREET ADDRESS ~~15176 U.S. 196 N.~~
 CITY-ST-ZIP **CLEARWATER FL 34764**

Change Addition
 TITLE
 NAME
 STREET ADDRESS **13845 US Hwy 19 NORTH**
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
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Change Addition
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 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: *Mark W Harrison*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-00 **727-536-4655**
 Date Daytime Phone #

CR2E034 (9/99)