

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 21, 2001 8:00 am**  
**Secretary of State**

06-21-2001 90002 041 \*\*\*150.00

**DOCUMENT # P9500009003**

1. Entity Name

MARK HARRISON, INC.

6 (LA)

Principal Place of Business

Mailing Address

15176 U.S. 19 NORTH  
 CLEARWATER FL 34624

15176 U.S. 19 NORTH  
 CLEARWATER FL 34624

C0072060



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

13845 U.S. 19 NORTH

13845 U.S. 19 NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3349696

Applied For

Not Applicable

Zip

Country

33764

Zip

Country

33764

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

HARRISON, MARY W  
 15176 U.S. HWY 19 NORTH  
 CLEARWATER FL 33784

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

MARK W HARRISON

Signature, typed or printed name of registered agent and title if applicable

*[Signature]*

(NOTE: Registered Agent signature required when name(s) change)

4-30-01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)



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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	HARRISON, MARK W	15176 U.S. 19 NORTH	CLEARWATER FL 34624	<input type="checkbox"/>
S	HARRISON, CAROL L	15176 U.S. 196 N.	CLEARWATER FL 34764	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		13845 U.S. HWY 19 N	33764	<input checked="" type="checkbox"/>
		13845 U.S. HWY 19 N	33764	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

DATE

727-536-4655

Anytime Phone #

CR2E034 (9/99)