

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097265

1. Entity Name

HARVEST ALL, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90027 021 ***150.00

Principal Place of Business

Mailing Address

135 WILLIAM SQ APT B
ALGOOD TN 38506
US

P O BOX 49324
ALGOOD TN 38557
US

2. Principal Place of Business

CROSSVILLE
107 SCOTT CREEK ROAD, TN. 38555 US.

3. Mailing Address

P.O. BOX 2524
CROSSVILLE, TN. 38557 US

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CROSSVILLE, TN.

City & State

CROSSVILLE, TN.

4. FEI Number

65-0638669

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

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

TILSON, THOMAS A
48 N.E. 15TH STREET
SECOND FLOOR
HOMESTEAD FL 33030

Name

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
PUGH, JERRY L
135 RILEYS PATH APT B
ALGOOD TN 38506 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
PUGH, JERRY OSCAR
107 SCOTT CREEK ROAD
CROSSVILLE, TN. 38555 US. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PUGH, LISA JANE
107 SCOTT CREEK ROAD
CROSSVILLE, TN. 38555 USA ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Jerry Oscar Pugh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-00

Date

305-248-3559

Daytime Phone #

CR2E034 (9/99)