

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90037 009 ***150.00

DOCUMENT # P95000097265

1. Entity Name

HARVEST ALL, INC.

Principal Place of Business

**107 SCOTT CREEK ROAD
 CROSSVILLE TN 38555
 US**

Mailing Address

**P O BOX 2524
 CROSSVILLE TN 38555
 US**

708942



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0638669

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	<p><i>This was supposed to be changed last year.</i></p> <p><i>Oscar Pugh IS DPS</i></p> <p><i>NOT Jerry L. Pugh.</i></p> <p><i>Lisa Jane Pugh VS</i></p> <p><i>Please make sure of change. Take Jerry L. Pugh off completely. Thank you Lisa Pugh</i></p>
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<p><i>DPS</i></p> <p><i>OSCAR PUGH</i></p> <p><i>107 SCOTT CREEK ROAD</i></p> <p><i>CROSSVILLE TN 38555</i></p>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	<p><i>VS</i></p> <p><i>LISA JANE PUGH</i></p> <p><i>107 SCOTT CREEK ROAD</i></p> <p><i>CROSSVILLE TN 38555</i></p>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
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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:

Lisa J. Pugh **LISA J. PUGH**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-01
 Date

931-484-2457
 Daytime Phone #

CR2E034 (10/00)