

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097265

1. Entity Name

HARVEST ALL, INC.

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90037 009 ***150.00

0584780

Principal Place of Business

107 SCOTT CREEK ROAD
CROSSVILLE TN 38555
US

Mailing Address

P O BOX 2524
CROSSVILLE TN 38555
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0638669

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

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP

THIS WAS. SUPPOSED TO
BE CHANGED LAST YEAR.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Oscar Pugh IS DPS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NOT Jerry L Pugh
Lisa Jane Pugh VS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Please make sure of
Change. Take Jerry L Pugh
off completely. Thank you
Lisa Pugh

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DPS
OSCAR PUGH
107 SCOTT CREEK ROAD
CROSSVILLE TN 38555

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VS
LISA JANE PUGH
107 SCOTT CREEK ROAD
CROSSVILLE TN 38555

Change Addition

TITLE
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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-01

931-484-2457

Date

Daytime Phone #

CR2E034 (10/00)