

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000029904

1. Entity Name

HARRIS AND ROGERS, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90179 004 ***150.00

Principal Place of Business

Mailing Address

525 22ND AVENUE N.
ST PETERSBURG FL 33704

525 22ND AVENUE N.
ST PETERSBURG FL 33704-4347

2. Principal Place of Business

3. Mailing Address

1101 9th Ave N.

PO Box 76172

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite W

City & State

ST. PETERSBURG, FL.

City & State

St. Petersburg, FL.

Zip

33705

Country

Pinellas

Zip

33734

Country

US

4. FEI Number

59-3371502

Applied For

Not Applicable

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

ROGERS, KATHLEEN
525 22ND AVENUE N.
ST PETERSBURG FL 33704

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	HARRIS, PATRICK	
STREET ADDRESS	525 22ND AVENUE N.	
CITY-ST-ZIP	ST PETERSBURG FL 33704	
TITLE	P	<input type="checkbox"/> Delete
NAME	Kathleen Rogers	
STREET ADDRESS	525 22nd Ave N	
CITY-ST-ZIP	St. Petersburg, FL 33704	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<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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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 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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-2000

Date

Patrick Harris, V.P.

727 87