

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 07, 2001 8:00 am  
Secretary of State

08-07-2001 90015 032 \*\*\*550.00

DOCUMENT # P96000029904

1. Entity Name  
HARRIS AND ROGERS, INC.

Principal Place of Business  
1101 9TH AVE N  
SUITE W  
SAINT PETERSBURG FL 33705

Mailing Address  
PO BOX 76172  
SAINT PETERSBURG FL 33734



2. Principal Place of Business  
1101 9th AVE, NORTH  
ST. Petersburg, FL

3. Mailing Address  
1101 9th AVE N.  
Suite, Apt. #, etc.

City & State  
ST. Petersburg, FL  
Zip 33705 Country US

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ST. Petersburg, FL  
Zip 33705 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

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

## 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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	ROGERS, KATHLEEN	
STREET ADDRESS	525 22ND AVENUE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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	
STREET ADDRESS	
CITY-ST-ZIP	
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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/01 727-822-7164  
Date Daytime Phone #

CR2E034 (5/01)