2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2001 08:00 AM
Secretary of State

DOCUMENT # **P97000051578**

1. Entity Name
HARRISON-COLE INTERIORS, INC.

Principal Place of Business	Mailing Address
4053 MISSION HILLS CIR. W.	4053 MISSION HILLS CIR. W.
JACKSONVILLE FL	JACKSONVILLE FL
32225	32225

2. Principal Place of Business	3. Mailing Address
12526 MISSION HILLS CIR. N.	12526 MISSION HILLS CIR. N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE FL	City & State: JACKSONVILLE FL
Zip: 32225 Country:	Zip: 32225 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3454202 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROTHSTEIN SIMON D
4417 BEACH BLVD., STE. 104
JACKSONVILLE FL
32207

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 ______________________ 06/23/2001
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUFFKIN TIMOTHY W 4053 MISSION HILLS CIR W. JACKSONVILLE FL 32225	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUFFKIN TIMOTHY W 12526 MISSION HILLS CIR N. JACKSONVILLE FL 32225	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BUFFKIN KATHY M 4053 MISSION HILLS CIR. W. JACKSONVILLE FL 32225	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BUFFKIN KATHY M 12526 MISSION HILLS CIR. N. JACKSONVILLE FL 32225	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (11/00)

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: Timothy W Buffkin V 06/23/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #