

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000074664

1. Entity Name

HARBOR SHEET METALS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

9331 E. FOWLER AVE.  
THONOTOSASSA FL 33592

9331 E. FOWLER AVE.  
THONOTOSASSA FL 33592

2. Principal Place of Business

3. Mailing Address

9331 E Fowler Ave

P.O. Box

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE F

291278

City & State

City & State

THONOTOSASSA

THONOTOSASSA FLA

Zip

Country

Zip

Country

33592

United States

33687

United States

6. Name and Address of Current Registered Agent

4. FEI Number

59-3477330

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Kurtis K. Kelly

Street Address (P.O. Box Number is Not Acceptable)

9331 E. Fowler Avenue - Suite F

City

THONOTOSASSA, FL

FL

Zip Code

33592

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	P	<input type="checkbox"/> Delete
NAME	KELLY, KURTIS K	
STREET ADDRESS	9331 E. FOWLER AVE.	
CITY-ST-ZIP	THONOTOSASSA FL 33592	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MAGGARD, EDUARD G	
STREET ADDRESS	9331 E. FOWLER AVE.	
CITY-ST-ZIP	THONOTOSASSA FL 33592	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RAMOS, Jose S	
STREET ADDRESS	9331 E Fowler Ave	
CITY-ST-ZIP	THONOTOSASSA FLA 33592	
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	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAMOS Jose S	
STREET ADDRESS	9331 E Fowler Ave	
CITY-ST-ZIP	THONOTOSASSA FLA 33592	
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

Date

Daytime Phone #

FILED

00 MAY 25 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A0057552



DO NOT WRITE IN THIS SPACE

3/4: / 00 982.9191