

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91487 012 \*\*\*150.00

**DOCUMENT # P97000079207**

**1. Entity Name**  
**JIM HARRIS TOOLS, INC.**



**Principal Place of Business**  
**25165 FADETTTER**  
**BROOKSVILLE FL 34601**

**Mailing Address**  
**25165 FADETTTER**  
**BROOKSVILLE FL 34601**



**2. Principal Place of Business**

25165 Fadette Dr.  
Suite, Apt. #, etc.

**3. Mailing Address**

25165 Fadette Dr.  
Suite, Apt. #, etc.

**City & State**

**City & State**

**4. FEI Number** **59-3202974**

**Applied For**  
**Not Applicable**

**Zip**

**Country**

**Zip**

**Country**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**HARRIS, JAMES M**  
**5415 NEFF LAKE RD**  
**BROOKSVILLE FL 34601**

**7. Name and Address of New Registered Agent**

**Name**  
James M. Harris  
**Street Address (P.O. Box Number is Not Acceptable)**  
25165 Fadette Dr.  
**City** Brooksville **FL** **Zip Code** 34601

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE:** ADDRESS CHANGE ONLY  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be  
Trust Fund Contribution. Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:**

**TITLE** **DP** ☐ Delete  
**NAME** **HARRIS, JAMES M**  
**STREET ADDRESS** **5415 NEFF LAKE RD**  
**CITY-ST-ZIP** **BROOKSVILLE FL 34601**

**TITLE** ☒ Change ☐ Addition  
**NAME** **25165 Fadette Dr.**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **DST** ☐ Delete  
**NAME** **HARRIS, JOAN M**  
**STREET ADDRESS** **5415 NEFF LAKE RD**  
**CITY-ST-ZIP** **BROOKSVILLE FL 34601**

**TITLE** ☒ Change ☐ Addition  
**NAME** **25165 Fadette Dr.**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
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**CITY-ST-ZIP**

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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** SIGNATURE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date** 2/1/24/03 **Daytime Phone #**

CR2E034 (10/02)