

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091970

1. Entity Name

HARRISON & OAK, INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90129 039 \*\*\*150.00

Principal Place of Business

Mailing Address

101 HARRISON AVE.  
 PANAMA CITY FL 32401

P.O. BOX 1120  
 PANAMA CITY FL 32402-1120

2. Principal Place of Business

3. Mailing Address

427 Magnolia

POB 168

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 PC, FL

City & State  
 PC, FL

4. FEI Number 59-3483745

Applied For  
 Not Applicable

Zip  
 32401

Country  
 USA

Zip  
 32402

Country  
 USA

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

MIDDLEMAS, JOHN R  
 101 HARRISON AVE.  
 PANAMA CITY FL 32401

Name  
 Brian L. Humboldt  
 Street Address (P.O. Box Number is Not Acceptable)  
 427 Magnolia Ave.  
 City PC. FL Zip Code 32401

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
 NAME MIDDLEMAS, JOHN R  
 STREET ADDRESS 101 HARRISON AVE.  
 CITY-ST-ZIP PANAMA CITY FL 32401 ☒ Delete

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

TITLE D  
 NAME COOLEY, TOMMY M  
 STREET ADDRESS P.O. BOX 2222 (NA)  
 CITY-ST-ZIP PANAMA CITY FL 32402 ☒ Delete

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

TITLE D  
 NAME DOWDY, EMILY L  
 STREET ADDRESS 427 MAGNOLIA AVE.  
 CITY-ST-ZIP PANAMA CITY FL 32401 ☐ Delete

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

TITLE D  
 NAME HUMBLDT, BRIAN L  
 STREET ADDRESS P.O. BOX 168 (NA)  
 CITY-ST-ZIP PANAMA CITY FL 32402 ☐ 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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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 #

CR2E034 (9/99)