

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000030722

1. Entity Name

HARRIS BROTHERS CONSTRUCTION, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90058 048 ***150.00

Principal Place of Business

Mailing Address

~~2857 HICKORY TREE ROAD~~
ST. CLOUD FL 34771

~~2857 HICKORY TREE ROAD~~
ST. CLOUD FL 34772-8114

2. Principal Place of Business

2857 Carriage Ct

Suite, Apt. #, etc.

3. Mailing Address

2857 Carriage Ct.

Suite, Apt. #, etc.

City & State

St. Cloud FL

City & State

St. Cloud FL

4. FEI Number

59-3498680

Applied For

Not Applicable

Zip

34772

Country

Osceola

Zip

34772

Country

Osceola

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, WILLIAM

2857 HICKORY TREE ROAD 2857 Carriage Ct.
ST. CLOUD FL 34771

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

William E. Harris William E. Harris President

DATE

4/20/00

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 ☐ Delete
NAME HARRIS, WILLIAM
STREET ADDRESS ~~2857 HICKORY TREE ROAD~~ 2857 Carriage Ct.
CITY-ST-ZIP ST. CLOUD FL 34771

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 #

William E. Harris William E. Harris President 4/20/00 (407) 8926934

CR2E034 (9/99)