

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050519

1. Entity Name
HARRELL BROTHERS PLASTERING, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91314 009 ***150.00

Principal Place of Business

16143 NW 78TH TERR.
ALACHUA FL 32615

Mailing Address

16143 NW 78TH TERR.
ALACHUA FL 32615

2. Principal Place of Business

16143 NW 78TH TERR.
Suite, Apt. #, etc.

3. Mailing Address

16143 NW 78TH TERR.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Alachua Florida

City & State

Alachua Florida

4. FEI Number 59-3519299

Applied For

Not Applicable

Zip

32615

Country

Alachua

Zip

32615

Country

Alachua

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

HARRELL, GEORGE D
16143 NW 78TH TERR.
ALACHUA FL 32615

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

George D. Harrell

President

4-28-01

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 P
NAME HARRELL, GEORGE D
STREET ADDRESS 16143 NW 78TH TERRACE
CITY-ST-ZIP ALACHUA FL 32615 ☐ Delete

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

TITLE VP
NAME HARRELL, EDWIN
STREET ADDRESS 15313 NW 25TH TERRACE
CITY-ST-ZIP GAINESVILLE FL 32609 ☐ Delete

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

TITLE SV
NAME ATHON, SLAVEN-W
STREET ADDRESS P.O. BOX 644
CITY-ST-ZIP HIGH SPRINGS FL 32655 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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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:

George D. Harrell

George D. HARRELL President

4-28-01

386-462-0631

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)