

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90124 013 \*\*\*150.00

**DOCUMENT # P98000050519**

**1. Entity Name**  
**HARRELL BROTHERS PLASTERING, INC.**

**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.

**City & State**

**Alachua, Florida**

**City & State**

**Alachua, Florida**

**Zip**

**Country**

**32615 Alachua**

**Zip**

**Country**

**32615 Alachua**

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

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

**4. FEI Number**

**59-3519299**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**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**

*George D. Harrell, George D. Harrell President*

**4-20-02**

**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, 2002 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**

<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>HARRELL, GEORGE D</b>	
<b>STREET ADDRESS</b>	<b>16143 NW 78TH TERRACE</b>	
<b>CITY-ST-ZIP</b>	<b>ALACHUA FL 32615</b>	
<b>TITLE</b>	<b>VP</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>HARRELL, EDWIN</b>	
<b>STREET ADDRESS</b>	<b>15313 NW 25TH TERRACE</b>	
<b>CITY-ST-ZIP</b>	<b>GAINESVILLE FL 32609</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

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

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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*

**4-20-02**

**Date**

**Daytime Phone #**

**352-222-6787**  
**386-462-0631**

CR2E034 (9/01)