

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90083 047 \*\*\*150.00

0042002 AV

DOCUMENT # P98000089028

1. Entity Name

S.L. HARRIS, INC.



Principal Place of Business

1296 FRUIT COVE DR. S.  
JACKSONVILLE FL 32259

Mailing Address

1296 FRUIT COVE DR. S.  
JACKSONVILLE FL 32259

2. Principal Place of Business

10171 East Shark Rd

3. Mailing Address

10171 East Shark Rd

Suite, Apt. #, etc.

JACKSONVILLE, FL

Suite, Apt. #, etc.

JACKSONVILLE, FL

City & State

City & State

4. FEI Number

59-3538224

Applied For

Not Applicable

Zip 32226

Country US

Zip 32226

Country US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HARRIS, SUSAN L  
1296 FRUIT COVE DR. S.  
JACKSONVILLE FL 32259

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

SIGNATURE

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE DPT  
NAME HARRIS, SUSAN L  
STREET ADDRESS 1296 FRUIT COVE DR. S.  
CITY-ST-ZIP JACKSONVILLE FL 32259 ☐ Delete

TITLE DPT  
NAME Harris, Susan L  
STREET ADDRESS 10171 East Shark Rd  
CITY-ST-ZIP Jacksonville, FL 32226 ☒ Change ☐ Addition

TITLE DS  
NAME HARRIS, JOHN C  
STREET ADDRESS 1296 FRUIT COVE DR. S.  
CITY-ST-ZIP JACKSONVILLE FL 32259 ☐ Delete

TITLE DS  
NAME Harris, John C  
STREET ADDRESS 10171 East Shark Rd  
CITY-ST-ZIP Jacksonville, FL 32226 ☒ 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

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

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: Susan L Harris Susan L Harris President 4/21/03 (904) 245 5978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)