

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025636

1. Entity Name
HARPER ELECTRIC CORP.

Principal Place of Business

307 N. HWY. 27, UNIT B
MINNEOLA FL 34755

Mailing Address

P. O. BOX 192
MINNEOLA FL 34755

2. Principal Place of Business

307 N. Hwy 27

Suite, Apt. #, etc.

Unit B

City & State

Minneola, FL

Zip
34755

Country
USA

3. Mailing Address

P.O. Box 192

Suite, Apt. #, etc.

City & State

Minneola, FL

Zip
34755

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3572907

Applied For

Not Applicable

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

HARPER, DAVID E
307 N. HWY. 27, UNIT B
MINNEOLA FL 34755

Name

None

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 David E Harper

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

TITLE ☐ Delete
NAME D
STREET ADDRESS HARPER, DAVID E
CITY-ST-ZIP 420 WATERWOOD CT.
MINNEOLA FL 34755

TITLE ☒ Delete
NAME V
STREET ADDRESS GARCIA, GILBERT
CITY-ST-ZIP 2347 SOUTH AVE
LEESBURG FL 34748

TITLE ☒ Delete
NAME S
STREET ADDRESS HEREBIA, JESUS
CITY-ST-ZIP 2347 SOUTH AVE
LEESBURG FL 34748

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

David E Harper David E Harper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01

Date

(352) 267-9181

Daytime Phone #

CR2E034 (10/00)