

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028443

1. Entity Name

HARVELL RESEARCH ASSOCIATES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 510413

P.O. BOX 510413

MELBOURNE BEACH FL 32951-0413

MELBOURNE BEACH FL 32951-0413

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3564180

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

HARVELL, ANDREW F
3035 S. HIGHWAY A1A
#2A
MELBOURNE BEACH FL 32951

Name Harvell, Andrew F.
Street Address (P.O. Box Number is Not Acceptable)
342 Flanders Dr.
City Indialantic FL Zip Code 32903

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

Andrew F. Harvell

Andrew F. Harvell

1-14-01

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 PD
NAME HARVELL, ANDREW F
STREET ADDRESS P.O. BOX 510413
CITY-ST-ZIP MELBOURNE BEACH FL 32951-0413 ☐ Delete

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

TITLE SD
NAME HARVELL, SARA L
STREET ADDRESS P.O. BOX 510413
CITY-ST-ZIP MELBOURNE BEACH FL 32951-0413 ☐ 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sara L. Harvell Sara L. Harvell

Date

Daytime Phone #

1-14-01 321-726-8682

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90135 035 ***150.00



DO NOT WRITE IN THIS SPACE

0082939

CR2E034 (10/00)