

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110313

1. Entity Name

D S HARNISH, INC

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90036 045 ***150.00

Principal Place of Business

Mailing Address

173RD AVE. E.
 N. REDINGTON BEACH FL 33706

504 173RD AVE. E.
 N. REDINGTON BEACH FL 33706

00087617



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

504-173 AVE E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SAME

City & State
 N. Redington Bch FL

City & State

4. FEL Number
 59-3617233

Applied For
 Not Applicable

Zip
 33708

Country
 USA

Zip

Country

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

HARNISH, D. SCOTT
 504 173RD AVE. E.
 N. REDINGTON BEACH FL 33706

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 _____
 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, 2000 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 HARNISH, D. SCOTT
 504 173RD AVE. E.
 N. REDINGTON BEACH FL 33706 ☐ Delete

TITLE
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☐ Change ☐ Addition

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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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 APR. 00 (727) 393-9326
 Date Daytime Phone #

CR2E034 (9/99)