

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90599 030 ***150.00

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DOCUMENT # S04298

1. Entity Name

EDWARD P. HARRISON, DESIGNER/BUILDER, INCORPORATED



Principal Place of Business

~~4982 S HWY A1A~~

~~STE 9~~

MELBOURNE BEACH FL 32951

US

Mailing Address

~~4982 S HWY A1A~~

~~STE 9~~

MELBOURNE BEACH FL 32951

US

2. Principal Place of Business

6010 S. Hwy A-1-A

Suite, Apt. #, etc.

City & State

MELBOURNE BEACH FL

Zip

32951

Country

USA

3. Mailing Address

6010 S. Hwy A-1-A

Suite, Apt. #, etc.

City & State

MELBOURNE BEACH FL

Zip

32951

Country

USA

4. FEI Number

59-3034757

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

HARRISON, EDWARD P.

5215 S. HWY A1A

MELBOURNE FL 32951

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

Edward P. Harrison
Signature, typed or printed name of registered agent and agent if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/03

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

TITLE **P** ☐ Delete
NAME **HARRISON, EDWARD P.**
STREET ADDRESS **5215 S. HWY A1A**
CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

11. 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

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CITY-ST-ZIP

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:

Edward P. Harrison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03 321 723 6384

Date

Daytime Phone #

CR2E034 (10/02)