## **2002 UNIFORM BUSINESS REPORT (UBR)**

| DOCUMENT # \$40440  1. Entity Name HARRIS MANAGEMENT SERVICES, INC.  |                                      |  |  |                                       |  | Feb 26, 2002 8:00 am<br>Secretary of State<br>02-26-2002 90157 004 ***158.75 |            |                |  |
|--|--------------------------------------|--|--|---------------------------------------|--|--|------------|----------------|--|
| Principal Place of Business 3341 RIVIERA LAKES CT BONITA SPRINGS FL 34134 US   |                                      |  | Mailing Address 3341 RIVIERA LAKES CT BONITA SPRINGS FL 34134 US |                                       |  |  |            |                |  |
| 2. Principal P<br>3 733<br>Suite, Apt.   | Wood                                 |  | 3. Mailing Address 3733 Woodleki Dave Suite, Apt. #, etc.        |                                       | _  | DO NOT WRITE IN THIS SPACE   |            |                |  |
| Bonita Springs, Fl. Zip Country  |                                      |  | City & State Bonita Springe F1                                   |                                       | 4. 1   | FEI Number 65-0261839 Applied For Not Applicable                             |            |                |  |
| 34134  | 1-                                   | Country Lee                              | Zip<br>34134   | Country -                             | -  | Certificate of Status Desired  | \$8.75 Ad  | ditional<br>ed |  |
| Name and Address of Current Registered Agent   |                                      |  |  |                                       | 7. Name and Address of New Registered Agent Name 1 |  |            |                |  |
|  | era lakes                            |  |  | Street A                              | Street Address (P.O. Box Number is Not Acceptable) |  |            |                |  |
| BONITA SPRINGS FL 34134  |                                      |  |  | City                                  |  |  | FL Zip Cod | e              |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered ag  SIGNATURE  Signature, viscolor printed pame of registered agent and title if applicable.  (NOTE: Registered Agent signature required when re  Tax filing requirement and elects to do so.  After May 1, 2002 Fee will be \$550.00 |                                      |  |  |                                       |  |  | DATE       | 00 May Be      |  |
| (See criteria on back)  11. OFFICERS AND D   |                                      |  | Make Check Payable to Department of Sta                          |                                       |  | DITIONS/CHANGES TO OFFICER   |            |                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | D<br>GRODD, L<br>943 POST<br>WESTPOR | eslie e.<br>Road east                    | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 70   | DITIONS/CHANGES TO OFFICE  | ☐ Change   | Addition       |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                                      | i.J.<br>FRA LAKES CT<br>PRINGS FL 34134  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT<br>Hurri<br>3733<br>Romit                       | woodtake Drim  | Change     | Addition       |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                                      | MILY P<br>RA LAKES CT<br>PRINGS FL 34134 | □ Delete   | TITLE NAME STREET ADDRESS CHY-ST-ZIP  | UPS<br>Harr<br>3733                                | is Emily P<br>woodland Deim  | ☐ Change   | ☐ Addition     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/02

941-947-0002

Daytime Phone #