

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90031 037 ***150.00

DOCUMENT # S50277

1. Entity Name

HARPER PROPERTIES, INC.

Principal Place of Business

P. O. BOX 2784

LAKELAND FL 33806-2784

Mailing Address

P. O. BOX 2784

LAKELAND FL 33806-2784

2. Principal Place of Business

5900 Imperial Lakes Blvd. P.O. Box 7595

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Mulberry, FL

City & State
Lakeland, FL

Zip Country
33860-8670 Polk

Zip Country
33807-7595 Polk

4. FEI Number
59-3063058

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARPER, IV, ROBERT F
908 S. FLORIDA AVE.
STE 106
LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
5900 Imperial Lakes Blvd.

City **Mulberry,** **FL** Zip Code **33860-8670**

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, 2002 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 HARPER, IV, ROBERT F**
 STREET ADDRESS **2310 LAKELAND HILLS BLVD**
 CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ Delete
 NAME **D HARPER, REGINA K**
 STREET ADDRESS **2310 LAKELAND HILLS BLVD**
 CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **5900 Imperial Lakes Blvd.**
 CITY-ST-ZIP **Mulberry, FL 33860-8670**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **5900 Imperial Lakes Blvd.**
 CITY-ST-ZIP **Mulberry, FL 33860-8670**

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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 IKG empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)