FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91322 017 ***150.00

DOCUMENT # S53414

1. Entity Name

M. C. HARRIS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
6838 CLEVELAND ROAD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: JACKSONVILLE FL		City & State	
Zip: 32209	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-1003239 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: THOMAS McLEAN

Street Address (P.O. Box Number is Not Acceptable): 3899 VALENCIA ROAD

City: JACKSONVILLE **FL** Zip Code: 32205

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P	TITLE	
NAME	RUTH HARRIS	NAME	
STREET ADDRESS	6838 CLEVELAND ROAD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	LEON HARRIS	NAME	
STREET ADDRESS	6838 CLEVELAND ROAD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	THELMA JOHNSON	NAME	
STREET ADDRESS	4359 HOMER ROAD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	CITY-ST-ZIP	**DO NOT WRITE**
TITLE		TITLE	**IN THIS SPACE**
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: Tom McLean - Accountant — 4-30-2002 — 904-269-8791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #