

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **554302**

1. Entity Name

Harvest Electric, Inc.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 DEC 11 PM 3:45

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1550 Orange Blossom Tr.

3. Mailing Address

1550 Orange Blossom Tr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Palm Bay, Fl.

City & State  
Palm Bay, Fl.

4. FEI Number  
59-3063940

Applied For  
Not Applicable

32905

Country

Zip  
32905

Country

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

Jack R. Gilbert

Street Address (P.O. Box Number is Not Acceptable)

1550 Orange Blossom Tr. NE

City  
Palm Bay

FL

Zip Code  
32905

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTS  
Gilbert, Jack R  
1550 Orange Blossom Tr., NE  
Palm Bay, Fl. 32905

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

300009507303  
12/13/02--01062--001 \*\*61.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
Cuenot, Tom  
2402 Lena Lane  
West Palm Beach, Fl.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)