2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

V54520 **DOCUMENT #**

1. Entity Name

ANTHONY H. HARRISON, INC.



FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90032 015 ***150.00

					GOD WE 1						
Principal Place of Business 3600 BROWARD BLVD. FT LAUDERDALE FL 33312 US		311	Mailing Address 311 S.W. 29 TERR. FT. LAUDERDALE FL 33312 US								
2. Principal Place of Business		3. Ma	3. Mailing Address								
Suite, Apt.	#, etc.	Sui	Suite, Apt. #, etc.				☐ CHECK HÈRE	IF MAKING	CHANGES		
City & State		City	City & State			4.	FEI Number 65-0344432 Applied For]
Zip Country		Zip	Zip		Country		Certificate of Status Desired		\$8.75 Ad		1
	6. Name and Address of C	Lurrent Register	nt Registered Agent		Υ	7	Name and Address of New D		<u> </u>		
HARRISON	N, ANTHONY H.	our one register	ed Agenti - L		Name		Name and Address of New R	egistered A	gent		4
311 S.W.	29TH TERRACE		Street Addre			ress (P.O. E	ss (P.O. Box Number is Not Acceptable)				
FT. LAUDE	ERDALE FL 33312				City				7:- 0		
					City			FL	Zip Coc	ie	
The above the obligation	named entity submits this state ions of registered agent.	ment for the purp	pose of changing its	registere	ed office or re	gistered ag	ent, or both, in the State of Flo	rida. I am fa	amiliar with,	and accept	1
SIGNĄTURE -	Signature, typed or printed name of register	red agent and title if ap	plicable. (NOTE	: Registere	d Agent signature r	equired when re	einstating)	DATE			
After	ILE NOW!!! FEE IS \$150.0 May 1, 2003 Fee will be \$5 Payable to Florida Departn	50.00	State				9. Election Campaign Fin. Trust Fund Contribution	~ ~		00 May Be of to Fees	
10.				11.		ΑΓ	L DITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	1
TITLE	P		☐ Delete	TITLE			DITIONO/OTIANALO TO OTT		☐ Change	Addition	6
	HARRISON, ANTHONY H. 311 S.W. 29TH TERRACE FT LAUDERDALE FL		_ 5500		E ET ADDRESS - ST - ZIP				onlinge	Mailion	5034 (10/02
TITLE			☐ Delete TITL		-				☐ Change	☐ Addition	CDOE
NAME STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP						
TITLE NAME		· · ·	☐ Delete	TITLE		. <u>.</u>	· · · ·		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	711				ET ADDRESS -ST-ZIP						
ITLE IAME			Delete	TITLE	:				☐ Change	Addition	
TREET ADDRESS					ET ADDRESS ST-ZIP			·			
ITLE IAME TREET ADDRESS ITY-ST-ZIP			Delete						Change	☐ Addition	
ITLE AME TREET ADDRESS			Delete	TITLE NAME STREE					Change	☐ Addition	

12. I hereby certify that the information supplied with this filling 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 receive on ustee 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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR