

# 2002 UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 491517  
1. Entity Name  
HARKINS HOLDINGS, INC.

W02-17207

**Principal Place of Business**  
4329 LAFAYETTE STREET  
MARIANNA FL 32448

**Mailing Address**  
P.O. BOX 940  
MARIANNA FL 32447

2. Principal Place of Business  
3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

REINSTATE DO NOT WRITE IN THIS SPACE  
4. FEI Number 59-1657343  
5. Certificate of Status Dealt  \$8.75 Addition Fee Required

6. Name and Address of Current Registered Agent  
HARKINS, JAMES E.  
4286 LAFAYETTE STREET  
MARIANNA FL 32448

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 *Laura E. Harkins*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 Added to fee

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HARKINS, JAMES E. 4286 LAFAYETTE STREET MARIANNA, FLORIDA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HARKINS, LAURA L. 4286 LAFAYETTE STREET MARIANNA, FLORIDA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900.00 - ADM <input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61.25 - AR <input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	88.75 - AR SUP <input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10000597046 <input type="checkbox"/> Change <input type="checkbox"/> -06/25/02--01041-014 ***1050-00 ***1050-00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *Laura E. Harkins* 4/30/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR