

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90053 032 ***150.00

DOCUMENT # P95000090948

1. Entity Name
HARRISON ANTIQUES, INC.

Principal Place of Business *Note TYPO* Mailing Address
32108 WASHINGTON RD **32108 WASHINGTON RD**
WEST PALM BEACH FL 33405-1647 **WEST PALM BEACH FL 33405**

2. Principal Place of Business 3. Mailing Address
3208 Washington Rd **3208 Washington Rd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
West Palm Beach FL **West Palm Beach FL**

Zip Country Zip Country
33405 **USA** **33405**

4. FEI Number **65-0634603** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
HARRISON, NANCY L
3208 WASHINGTON RD
WEST PALM BEACH FL 33405

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 Nancy L Harrison DATE 02/06/00
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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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		<input type="checkbox"/> Delete
TITLE	PT	<input type="checkbox"/>
NAME	HARRISON, NANCY L	
STREET ADDRESS	3208 WASHINTON RD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VS	<input type="checkbox"/>
NAME	HARRISON, DONALD F	
STREET ADDRESS	3208 WASHINGTON RD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
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 like empowered.

SIGNATURE: NANCY L HARRISON DATE 02/06/00 DAYTIME PHONE # 561-832-2631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE