

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90087 042 ***150.00

DOCUMENT # 177247

1. Entity Name
WES HARRIS BUICK-PONTIAC-GMC, INC.

Principal Place of Business

**15164 CORTEZ BLVD
 BROOKSVILLE FL 34613**

Mailing Address

**15164 CORTEZ BLVD
 BROOKSVILLE FL 34613**

2. Principal Place of Business

**1121 SHIPWATCH CIRCLE
 Suite, Apt. #, etc.**

3. Mailing Address

**1121 SHIPWATCH CIRCLE
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number **59-0759071**

Applied For
 Not Applicable

Zip

33602

Country

HILLSBOROUGH

Zip

33602

Country

FL

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

6. Name and Address of Current Registered Agent

**HARRIS, WESLEY F.
 15164 CORTEZ BLVD
 BROOKSVILLE FL 34613**

7. Name and Address of New Registered Agent

Name **HARRIS, WESLEY F**
 Street Address (P.O. Box Number is Not Acceptable)

**1121 SHIPWATCH CIRCLE
 City TAMPA FL Zip Code 33602**

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 Wesley F Harris *pres* WESLEY F HARRIS 1-16-01
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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HARRIS, WESLEY F.	
STREET ADDRESS	15164 CORTEZ BLVD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HARRIS, LINDA S	
STREET ADDRESS	15164 CORTEZ BLVD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: WESLEY F HARRIS *Wesley F Harris* PRESIDENT 1-16-01 813 221 8890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)