

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

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90338 045 ***150.00

DOCUMENT # 177247 ✓
1. Entity Name
WES HARRIS BUICK PONTIAC · GMC INC

DO NOT WRITE IN THIS SPACE

80053656

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 99 S. BAYSHORE DR Suite, Apt. #, etc.		3. Mailing Address PO BOX 477 Suite, Apt. #, etc.	
City & State EASTPOINT FL		City & State EASTPOINT FL	
Zip 32328	Country FRANKUN	Zip 32328	Country FRANKUN

4. FEI Number	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **HARRIS, WESLEY F**

Street Address (P.O. Box Number is Not Acceptable)
1121 SHIPWATCH CIRCLE TAMPA FL 33602 *present*

99 S. BAYSHORE DR PO BOX 477

City **EASTPOINT FL** Zip Code **32328**

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 Pres 3-15-02
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	PD HARRIS, WESLEY F 1121 SHIPWATCH CIRCLE TAMPA FL 33602	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HARRIS, LINDA S 1121 SHIPWATCH CIRCLE TAMPA FL 33602	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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 on an attachment with an address, with all other like empowered.

SIGNATURE: Wesley F Harris Wesley F Harris Pres 3-15-02 850 670 5852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 813 335 0398

CR2E034B (12/01)