

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2001 8:00 am**  
**Secretary of State**

01-08-2001 90019 016 \*\*\*150.00

**DOCUMENT # 266376**

1. Entity Name  
**HARRISON AUTO PARTS, INC.**

Principal Place of Business  
**1419 DENHOLM DR**  
**TALLAHASSEE FL 32312**  
**US**

Mailing Address  
**1419 DENHOLM DR**  
**TALLAHASSEE FL 32312**  
**US**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-1001788** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HARRISON, JAMES M.**  
**1419 DENHOLM DR**  
**TALLAHASSEE FL 32312**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
 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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	PFEIL, JEAN H.	211 CAMELLIA ST	QUINCY FL	<input checked="" type="checkbox"/>
D	FLEMING, JAN H.	508 W. BREVARD ST.	TALLAHASSEE FL	<input type="checkbox"/>
D	HARRISON, G.H. III	508 W. BREVARD ST.	TALLAHASSEE FL	<input type="checkbox"/>
P	HARRISON, JAMES M.	1664 VINTAGE RIDGE CT.	TALLAHASSEE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	Jan H. Fleming	508 W. Brevard St.	Tallahassee, FL	<input type="checkbox"/>	<input type="checkbox"/>
	G.H. Harrison III	2585 W. Brevard St.	Tallahassee, FL 32312	<input type="checkbox"/>	<input type="checkbox"/>
	James M. Harrison	1419 Denholm Dr.	Tallahassee, FL 32312	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<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)(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: *James M. Harrison* Date: 1/3/01 Daytime Phone #: 2970153

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)