

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2003 8:00 am
Secretary of State

09-03-2003 90019 001 ***550.00

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DOCUMENT # 312273

1. Entity Name

PALMER-HARRELL BUICK INC



Principal Place of Business

**3106 W TENNESSEE ST
TALLAHASSEE FL 32304**

Mailing Address

**3106 W TENNESSEE ST
TALLAHASSEE FL 32304**

2. Principal Place of Business

3. Mailing Address

PO Box 3125

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

32315

Country

4. FEI Number

59-1156565

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARRELL, EK JR
3106 WEST TENNESSEE
TALLAHASSEE FL 32304**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T
**HARRELL, CLARA B
1108 IVANHOE DR
TALLAHASSEE FL**

☐ Delete

☐ Change ☐ Addition

P
**HARRELL, E K, JR
1108 IVANHOE DR
TALLAHASSEE FL**

☐ Delete

☐ Change ☐ Addition

VP
**HARRELL, E K III
1636 COPPERFIELD DR
TALLAHASSEE FL 32312**

☐ Delete

☐ Change ☐ Addition

S
**BROCK, HAROLD A
1739 ARMISTEAD PLACE
TALLAHASSEE FL 32312**

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/2/03

850.668.2732

Date Daytime Phone #

CR2E034 (4/03)