## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 09, 2001 8:00 am **DOCUMENT # 329609 Secretary of State** 1. Entity Name HARRIS AUTOMOTIVE SUPPLY, INC. 02-09-2001 90223 039 \*\*\*150.00 Principal Place of Business Mailing Address 6201 W. US 24 6201 W. US 24 PO BOX 497 PO BOX 497 **REMINGTON IN 47977 REMINGTON IN 47977** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1207997 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATE ACCESS, INC. 1116-D THOMASVILLE RD. MT. VERNON SQUARE TALLAHASSEE FL 32303 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ■ Addition 3R2E034 (10/00) BLACKER, REX O NAME NAME STREET ADDRESS 114 N. WESTON ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **RENSSELAER IN 47978** TITLE ☐ Delete TITLE ☐ Change ☐ Addition BAUNACH, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 114 N. WESTON ST. CITY-ST-ZIP CITY-ST-ZIP RENSSELAER IN 47978 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME ---NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachigent with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

215/01

1-219 261 2044

☐ Change

☐ Addition

FILED

Daytime Phone #