

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F22722****1. Entity Name**
GLENN HARRIS MOTORS, INC.**FILED**
Jan 09, 2002 8:00 am
Secretary of State

01-09-2002 90014 001 ***150.00

Principal Place of Business
2770 N. ORANGE BLOSSOM TRAIL
KISSIMMEE FL 34744
US**Mailing Address**
2770 N. ORANGE BLOSSOM TRAIL
KISSIMMEE FL 34744
US**2. Principal Place of Business****3. Mailing Address****2770 N. Orange Blossom Trail**
Suite, Apt. #, etc.
Kissimmee FL
City & State**2770 N. Orange Blossom Trail**
Suite, Apt. #, etc.
Kissimmee, FL
City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2078570**Applied For**
Not Applicable**Zip**
34744
Country
US**Zip**
34744
Country
US**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****HARRIS, GLENN N**
3150 GREAT OAKS BLVD
KISSIMMEE FL 34744**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** **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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD			
	HARRIS, GLENN N.	3150 GREAT OAKS BLVD.	KISSIMMEE FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:** **SIGNATURE REQUIRED** **GLENN N. HARRIS** **1-4-02** **407-847-3966**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/01)