

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

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90045 032 ***150.00

DOCUMENT # E 22722

1. Entity Name

GLENN HARRIS MOTORS INC



DO NOT WRITE IN THIS SPACE

40017669

2. Principal Place of Business

2780 N.O.B.T

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

KISSIMMEE FLA

City & State

4. FEI Number

59-2078570-59-01

Applied For

Not Applicable

Zip

34744

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

GLENN N. HARRIS

Street Address (P.O. Box Number is Not Acceptable)

1705 SAINT TROPEZ CT

City

KISSIMMEE

FL

Zip Code

34744

**DO NOT WRITE
IN THIS SPACE**

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

GLENN N. HARRIS

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

(If not the registered agent signature required when filing.)

DATE

2/3/05

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
GREGORY G. HARRIS
1712 SAINT TROPEZ CT
KISSIMMEE, FLA 34744

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
GLENN HARRIS II
7338 KELSEY LN
ST. CLOUD, FLA 34772

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
GREGORY G. HARRIS
1712 SAINT TROPEZ CT
KISSIMMEE, FLA 34744

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
GLENN HARRIS II
3338 KELSEY LN
ST. CLOUD, FLA 34772

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/05

Date

(407) 847-3966

Daytime Phone #

CR2E034B (12/02)