2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

F22722 **DOCUMENT #**

1. Entity Name

Principal Place of Business

GLENN HARRIS MOTORS, INC.



FILED Jan 06, 2003 8:00 am Secretary of State

01-06-2003 90033 050 ***150.00

Kummunda 22

2780 N. ORANGE BLOSSOM TRAIL KISSIMMEE FL 34744 US		2780 N. ORANGE BLOSSOM TRAIL KISSIMMEE FL 34744 US		
2. Principal Place of Business		3. Mailing Address	<u></u> ,	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	·	. CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 59-2078570 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent
HARRIS, GLENN N 3150 GREAT OAKS BLVD			Name Street Address	s (P.O. Box Number is Not Acceptable)
KISSIMMEE	: FL 34/44		City	FL Zip Code
the obligation of the obligati	named entity submits this statement ons of registered agent. Signature, typed or printed name of registered age LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department	nt and title if applicable. (NOT	Fregistered Office of regist	Percent agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent,
	OFFICERS AN		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME Street address	PD HARRIS, GLENN N. 3150 GREAT OAKS BLVD. KISSIMMEE FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	THOUSING 78	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS** CITY-ST-ZIP		☐ Delete	TITLE NAME	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS : CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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.