

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M80469**

1. Entity Name

GARRISON ENTERPRISES, INC.

Principal Place of Business

C/O RAYMOND H. GARRISON
1875 49TH AVENUE
VERO BEACH FL 32966

Mailing Address

C/O RAYMOND H. GARRISON
1875 49TH AVENUE
VERO BEACH FL 32966

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number

65-0042951

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARRISON, RAYMOND H.
1875 49TH AVENUE
VERO BEACH FL 32960

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
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D Delete
NAME GARRISON, RAYMOND H.
STREET ADDRESS 1875 49TH AVE.
CITY-ST-ZIP VERO BEACH FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE D Delete
NAME GARRISON, ANGELA M.
STREET ADDRESS 1875 49TH AVE.
CITY-ST-ZIP VERO BEACH FL

TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP
 Change Addition

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CITY-ST-ZIP
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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.

CR2E034 (9/01)

SIGNATURE: *Raymond H. Garrison* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02

772.564.0612

Date

Daytime Phone #