


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

FILED

04 MAR 23 AM 10:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 897-99940	
1. Entity Name Harrison Automotive Services, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8611 E Colonial Dr. Suite, Apt. #, etc.	3. Mailing Address 8611 E Colonial Dr. Suite, Apt. #, etc.
City & State Orlando, FL	City & State Orlando, FL
Zip 32817 Country	Zip 32817 Country

DO NOT WRITE IN THIS SPACE

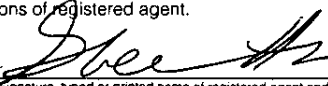
4. FEI Number 59-3483153	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Glenn Harrison
Street Address (P.O. Box Number is Not Acceptable) 8611 E Colonial Dr. or 1087 Herman Ave
City Orlando FL Zip 32817 32803

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  (NOTE: Registered Agent signature required when reinstating) DATE

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Glenn Harrison 8611 E Colonial Dr. or FL 32817 1087 Herman Ave or FL 32803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900029331759 02/25/04--01006--027 **150.00
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IN THIS SPACE**

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:  2-5-04 407-207-2888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)