

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90856 031 ***150.00

DOCUMENT # P98000090186**1. Entity Name**
HARRIS-DUTTER AUTOMOTIVE GROUP, INC.**Principal Place of Business****2014 WEST BEAVER ST**
JACKSONVILLE FL 32209**Mailing Address****505 N MYRTLE AVE**
JACKSONVILLE FL 32204**2. Principal Place of Business**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**ATLANTIC BCH,**
JACKSONVILLE FL**4. FEI Number** **59-3540258**

Applied For

Not Applicable

Zip**Country****Zip****Country****32233** **DUVAL****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, ELSIE D**
2014 WEST BEAVER ST
JACKSONVILLE FL 32209

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **D** ☐ Delete
NAME **HARRIS, ELSIE D**
STREET ADDRESS **1742 OCEAN GROVE DR**
CITY-ST-ZIP **ATLANTIC BEACH FL 32233****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **VP** ☐ Delete
NAME **DUTER, WILLIAM M**
STREET ADDRESS **1742 OCEAN GROVE DR**
CITY-ST-ZIP **ATLANTIC BEACH FL 32233****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELSIE D. HARRIS**4/29/02**

Date

Daytime Phone #

904 - 219-2481

CR2E034 (9/01)