

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90069 036 ***150.00

DOCUMENT # F61431

1. Entity Name

HOLLOWAY ROOFING, INC.

Principal Place of Business

Mailing Address

**3661 62 AVE NORTH
 PINELLAS PARK FL 33781
 US**

**P.O BOX 10577
 ST. PETERSBURG FL 33733-0577
 US**

00007415



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2147102**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**HOLLOWAY, WILLIAM
 3661 62ND AVENUE NORTH
 PINELLAS FL 33781**

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 _____ (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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLOWAY, WILLIAM	NAME	HOLLOWAY WILLIAM
STREET ADDRESS	6027 KIPPS COLONY DR E.	STREET ADDRESS	2785 KIPPS COLONY DRIVE UNIT 107
CITY-ST-ZIP	GULFPORT FL	CITY-ST-ZIP	GULFPORT FL, 33707
TITLE	ST <input checked="" type="checkbox"/> Delete	TITLE	ST. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLOWAY, PEGGY	NAME	HOLLOWAY PEGGY
STREET ADDRESS	6027 KIPPS COLONY DR E.	STREET ADDRESS	2785 KIPPS COLONY DRIVE UNIT 107
CITY-ST-ZIP	GULFPORT FL	CITY-ST-ZIP	GULFPORT FL, 33707
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CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: William F. Holloway (pres) **WILLIAM F. HOLLOWAY (PRES)** 1-17-00 727-5252262
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)