

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F61431

1. Entity Name

HOLLOWAY ROOFING, INC.

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

01-22-2000 90069 036 ***150.00

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

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, 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HOLLOWAY, WILLIAM	
STREET ADDRESS	6027 KIPPS COLONY DR E.	
CITY-ST-ZIP	GULFPORT FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	HOLLOWAY, PEGGY	
STREET ADDRESS	6027 KIPPS COLONY DR E.	
CITY-ST-ZIP	GULFPORT FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLOWAY WILLIAM	
STREET ADDRESS	2785 KIPPS COLONY DRIVE UNIT 107	
CITY-ST-ZIP	GULFPORT FL, 33707	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLOWAY PEGGY	
STREET ADDRESS	2785 KIPPS COLONY DRIVE UNIT 107	
CITY-ST-ZIP	GULFPORT FL, 33707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-00 727-5252262
Date Daytime Phone #

CR2E034 (9/99)