2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DONALDOW! HOLEAND REMERMINE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L01000016822

1. Entity Name

SIGNATURE:

HOLLAND ENTERPRISES, L.L.C.



FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90200 031 ****50.00

(850)682 - 2823

Daytime Phone #

06 JAN. 2003

Date

			1						
Principal Pla	ce of Business	Mailing Address	I		1				
6144 STAFF ROAD		6144 STAFF ROAD							
CRESTVIEW FL 32536		CRESTVIEW FL 32536							
					_				
2. Principal Place of Business		3. Mailing Address				1011 011 011 010 110 110 110 110 110 11			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			A ETIM				
,		only a state			4. FEI Number 59-3750267				Applied For Not Applicabl
Zip .	Country Country	-Zip,	Country		5. Certifica	ate of Status Desired	П	\$5.00 A	dditional
	6. Name and Address of Current	Registered Agent	<u> </u>				_	Fee Requir	red
		and a second	+;	Name	7. Name and Address of New Registered Agent				
	STER, WILLIAM SCOTT MAR WALT DR., STE. 1014	Stra		Street Address (P.O. Box Number is Not Acceptable)					
	RT WALTON BEACH FL 32547								
			1	City			FL	Zip Co	de
8. The above	e named entity submits this statement for	the purpose of changing its	registered (office or register	red agent, or t	ooth, in the State of Flo	orida. I am	familiar with	, and accept
ine obligat	tions of registered agent.								
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered An	ent signature required	when reinstation		DATE		
						 	DAIE		
		Make Check Payab		E IS \$50.00 da Denartme:	nt of State				
		· ·	e By May	-	IN OI State				
9.	MANAGING MEMBER		10.			ADDITIONS/	CHANGES		
TITLE	MGRM	☐ Delete	TITLE	MGF	RM	ADDITIONS)	CHANGES	D Change	X Addition
NAME	HOLLAND, DONALD W		NAME		EVEN A.	PANGLE		_ •	
STREET ADDRESS CITY-ST-ZIP	6144 STAFF ROAD		STREET A	- J	A LYI	FORD KEY			
	CRESTVIEW FL 32536		CITY-ST-	HAM	IPTON VA	23666			
TITLE NAME	MGRM Garrett, annette m	☐ Delete	TITLE	Ì				☐ Change	☐ Addition
STREET ADDRESS	242 LAFITTE CRESCENT		name Street a	nnacce					
CITY-ST-ZIP	FORT-WALTON BEACH FL-3254	1	CITY-ST-						
TITLE	MGRM	☐ Delete	TITLE	-	<u> </u>	· . .		☐ Change	☐ Addition
NAME	HOLLAND, HOMER G JR	Detect	NAME					Unange	☐ Addition
STREET ADDRESS	101 SKINNER CIRCLE		STREET AL	DDRESS					
CITY-ST-ZIP	FORT WALTON BEACH FL 32547		CITY-ST-	ZIP					
TITLE	MGRM	☐ Delete	TITLE					☐ Change	☐ Addition
NAME	PANGLE, GARY W		NAME						
STREET ADDRESS CITY-ST-ZIP	610 LYNNBROOK WEST		STREET AC	ľ					
	CRESTVIEW FL 32539		CITY-ST-	ZIP					
TITLE NAME	MGRM PANGLE, DAVID W	☐ Delete	TITLE					☐ Change	☐ Addition
STREET ADDRESS	50 BERKELEY ST. APT D148		NAME STREET AE	OUBESC					
CITY-ST-ZIP	SATELLITE BEACH FL 32937		CITY-ST-	1					
TITLE	MGRM								
NAME	COMPTON, MARY E	☐ Delete	TITLE NAME					☐ Change	☐ Addition
STREET ADDRESS	55 LAURIE DRIVE		STREET AD	DDRESS					
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	·	CITY-ST-2						
11. I hereby c indicated limited liab	ertify that the information supplied with t on this report is true and accurate and the pility company or the receiver or trustee		the exempti he same led cort as led	ion stated in Sec al effect as if ma juired by Chapte	ction 119.07(3 ade under oat er 608, Florida	l)(i), Florida Statutes. I th; that I am a managi s Statutes.	further cert ng membe	lify that the in r or manage	nformation or of the