7/2/2002-90809-00

## FILED Jul 23, 2002 8:00 am **Secrétary of State**

07-02-2002 90809 004 \*\*\*550.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

P01000051443 **DOCUMENT #** A.J. HOLLOWAY, INC. Principal Place of Business Mailing Address COS WEST HARBOUR OF -800 WEST HARBOUR OF OCCEPT OFFE 608 SOUTH MAIN STREET FL 34711 2. Principal Place of Bysiness Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Zip Country \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 805 WEST HARBOUR CT- 6 08 SOUTH MAIN STREET - CHITTY Street Address (P.O. Box Number is Not Acceptable) OCCEFT SATEL - CLERAPONT, FL-34711 City 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. or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax Lling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Delete TITLE (9/07) HOLLOWAY, A.J. NAME 605 WEST HARBOUR CT 608 SOUTH MAN STREET - UNIT TY STREET ADORESS STREET ADDRESS 000EE FL 34761 CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DDE ☐ Change Addition NAME NAME

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 chapter 607 an attachment with an address, with all other like empowered.

STREET ADDRESS

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STREET ADDRESS

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NAME

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☐ Change

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