2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR P01000051443 **DOCUMENT #**

1. Entity Name



FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90061 008 ***150.00

A.J. HOLLOWAY, INC.												
Principal Place of Business 606 SOUTH MAIN STREET UNIT # 7 CLERMONT FL 34711		Mailing Address 608 SOUTH MAIN STREET UNIT # 7 CLERMONT FL 34711										
2. Principal P	lace of Business	3. Mailing Address			{	1,10211111	 	J\$60 (16 0) (3) 1	i bilen (1811 bi.	iii 81988 iiii i 88 1		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_		CHECK HERI	E IF MAKINO	G CHANGE	S		
City & Stat	е	City & State			. 		4. FEI Number	59-372255	0	-	Applied For Not Applicable]
Zip -	Country	Zip Cour			try		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required]
	6. Name and Address of Current F	register	gistered Agent				7. Name and A	ddress of New	Registered	Agent]
					Name		- · · -					
HOLLOWAY, A.J.					Strant Ad	drace (f	O. Box Number	is Not Acceptab	ie)			-
608 SOUTH MAIN STREET					Street Add	uicss (P	.o. box number	is not Acceptab	ic)			
UNIT # 7				- [7
	NT FL 34711				City	-	FL Zip Code					1
	named entity submits this statement for ions of registered agent.	the purp	pose of changing its re	gistere	ed office or re	egistere	d agent, or both,	in the State of F	lorida. I am	familiar with	1, and accept	1
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if app	olicable. (NOTE: R	Registered	1 Agent signature	required v	vhen reinstating)		DATE		 -	
	ILE NOW!!! FEE IS \$150.00		1									7
	May 1, 2003 Fee will be \$550.00							tion Campaign F		_ \$5	.00 May Be	}
	Payable to Florida Department of	State		,			Irusi	t Fund Contributi	on. L	Add	ed to Fees	}
10.	OFFICERS AND I	DRS 11.				ADDITIONS/C	HANGES TO OF	FICERS AN	DIRECTO	RS IN 11	7	
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NAME	HOLLOWAY, A.J.			NAME	:]					_ •	_	(10/02
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.