

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90353 001 ***900.00

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DOCUMENT # P99000086254

1. Entity Name

HOLLOWAY PRINTING GROUP, INC.

Principal Place of Business

Mailing Address

7 OLD SALMONS ISLAND ROAD
 ANNAPOLIS MD 21401

13900 49TH ST. NORTH
 CLEARWATER FL 33762-3739

41340



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13900 49th St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

4. FEI Number

58-2522482

Applied For

Not Applicable

Zip

Country

33762-3739

Pine/la

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

SMITH, DARRELL C
 101 EAST KENNEDY BLVD., STE. 2800
 TAMPA FL 33602

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, 2001 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: D
 NAME: LOOMIS, MARC D
 STREET ADDRESS: 13900 49TH ST. NORTH
 CITY-ST-ZIP: CLEARWATER FL 33762-3739 Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: D
 NAME: BOWERSOCK, WILLIAM
 STREET ADDRESS: 13900 49TH ST. NORTH
 CITY-ST-ZIP: CLEARWATER FL 33762-3739 Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete

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TITLE: Change Addition

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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Marc Loomis Pres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Date

Daytime Phone #

CR2E034 (10/00)