

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 134081

1. Entity Name  
HOLLEY, INC.

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90465 042 \*\*\*150.00

0045002 AV

Principal Place of Business  
705 MABRY STREET  
TALLAHASSEE FL 32304  
US

Mailing Address  
P O BOX 2255  
TALLAHASSEE FL 32316  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-0286710

Applied For  
Not Applicable

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

HOLLEY, III, WILLIAM C.  
1060 MACLAY RD.  
TALLAHASSEE FL 32312

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, 2002 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  
NAME PD  
STREET ADDRESS HOLLEY, III, WILLIAM C  
CITY-ST-ZIP 1060 MACLAY RD.  
TALLAHASSEE FL 32312 ☐ Delete

TITLE  
NAME D  
STREET ADDRESS HOLLEY, ESSIE W.  
CITY-ST-ZIP RT 3 BOX 127 A-1  
MONTICELLO FL 32344 ☐ Delete

TITLE  
NAME VSD  
STREET ADDRESS HOLLEY, KENNETH B.  
CITY-ST-ZIP 1124 REHWINKEL ROAD  
CRAWFORDVILLE FL 32327 ☐ Delete

TITLE  
NAME D  
STREET ADDRESS HOLLEY, WM. C., JR.  
CITY-ST-ZIP RT 3 BOX 127 A-1  
MONTICELLO FL 32344 ☐ Delete

TITLE  
NAME T  
STREET ADDRESS HOLLEY, NANCY M  
CITY-ST-ZIP 1060 MACLAY RD  
TALLAHASSEE FL 32312 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

William C. Holley III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02 850-676-2131  
William C. Holley III, President

CR2E034 (9/01)