

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90190 040 ***150.00

DOCUMENT # 262819

1. Entity Name
ABC REALTY, INC.



Principal Place of Business
**2925 SANLAN RANCH DRIVE
LAKELAND FL 33813**

Mailing Address
**2925 SANLAN RANCH DRIVE
LAKELAND FL 33813**

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 **59-1026451**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HOLLOWAY, JR. E. EDWARD
2925 SANLAN RANCH DRIVE
LAKELAND FL 33813-1226**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **HOLLOWAY JR, E EDWARD**
STREET ADDRESS **2925 SANLAN RANCH DRIVE**
CITY-ST-ZIP **LAKELAND FL**

TITLE **STD** ☐ Delete
NAME **HOLLOWAY, MARY ANN**
STREET ADDRESS **2925 SANLAN RANCH DR.**
CITY-ST-ZIP **LAKELAND FL**

TITLE **D** ☐ Delete
NAME **HOLLOWAY, DAVID W**
STREET ADDRESS **215 IMPERIAL BLVD SUITE B-1**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **D** ☐ Delete
NAME **HOLLOWAY, LINDA A**
STREET ADDRESS **2925 SANLAN RANCH DRIVE**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/03 (863) 685-1601
Date Daytime Phone #

CR2E034 (10/02)