FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 26, 2001 8:00 am **DOCUMENT # 300014** Secretary of State HOLLAND BUILDERS, INC. 03-26-2001 90076 049 \*\*\*150.00 Principal Place of Business Mailing Address 4860 N E 12 AVE 4860 N E 12 AVE FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1116405 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOLLAND, GERALD: M. ... Street Address (P.O. Box Number is Not Acceptable) 4860 NE 12TH AVE FORT LAUDERDALE FL 33308 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE TITLE ☐ Change Delete HAHNER, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 4860 NE 12TH AVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE HOLLAND, GERALD NAME NAME STREET ADDRESS STREET ADDRESS 4860 NE 12TH AVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Addition TITLE ☐ Delete TITLE SCHMATZ, JOHN NAME JOHN SCHWATZ NAME STREET ADDRESS STREET ADDRESS **4860 NE 12 AVENUE** 4860 NG 12TH CITY-ST-ZIP CITY-ST-ZIP FT L'AUDERDALE FL FT-LAUDERDALE FL Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 1 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 allother like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01

454-771-200

Daytime Phone #