

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90135 012 ***150.00

DOCUMENT # 349899

1. Entity Name
HOLIDAY UTILITY COMPANY

00006139



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2222 BAILY'S BLUFF RD. FL 34691	Mailing Address P. O. BOX 27 TARPON SPRINGS FL 34688-0027
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 59-1410253	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
MICKLER, B. L.
3130 SHIPWATCH DR.
HOLIDAY FL 34691

7. Name and Address of New Registered Agent
 Name: **MICKLER, MELODY E.**
 Street Address (P.O. Box Number is Not Acceptable): **3130 SHIPWATCH DR.**
 City: **HOLIDAY** FL Zip Code: **34691**

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: Melody Mickler (NOTE: Registered Agent signature required when reinstating) DATE: 1/14/2000

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, 2000 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

TITLE: PD	<input checked="" type="checkbox"/> Delete
NAME: MICKLER, BARTLEY L.	
STREET ADDRESS: 3130 SHIPWATCH DR.	
CITY-ST-ZIP: HOLIDAY FL	
TITLE: S	<input type="checkbox"/> Delete
NAME: MICKLER, ELAINE E.	
STREET ADDRESS: 3130 SHIPWATCH DR.	
CITY-ST-ZIP: HOLIDAY FL	
TITLE: V	<input checked="" type="checkbox"/> Delete
NAME: ECOFF, LOREN D.	
STREET ADDRESS: 133 NO. PINELLAS AVE.	
CITY-ST-ZIP: TARPON SPRINGS FL	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MELBY MICKLER, MELODY E.	
STREET ADDRESS: 3130 SHIPWATCH DR.	
CITY-ST-ZIP: HOLIDAY, FL. 34691	
TITLE: S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MICKLER, ELAINE J.	
STREET ADDRESS: 3130 SHIPWATCH DR.	
CITY-ST-ZIP: HOLIDAY, FL. 34691	
TITLE: V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KARASINSKI, CHARLES E.	
STREET ADDRESS: 3909 meadowland Dr.	
CITY-ST-ZIP: Prospect Ky, 40059	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
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 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: Melody Mickler DATE: 1/14/2000 (727) 934-5964
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)