2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 03, 2001 8:00 am Secretary of State **DOCUMENT # 349899** 1. Entity Name HOLIDAY UTILITY COMPANY 02-03-2001 90031 033 ***150.00 Principal Place of Business Mailing Address 2202 BAILY'S BLUFF RD. P. O. BOX 27 TARPON SPRINGS FL 34688-7027 HOILDAY FL 34691 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 59-1410253 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MICKLER, MELODY Street Address (P.O. Box Number is Not Acceptable) 3130 SHIPWATCH DR. HOLIDAY FL 34691 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. title if applicable (NOTE: Registered Agent signature required when reinstating) 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PD TITLE Delete TITLE Change ☐ Addition NAME: MICKLER, MELODYE NAME 3130 SHIPWATCH DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLIDAY FL 34691 CITY-ST-7IP TITLE ☐ Change ☐ Delete TITLE ☐ Addition MICKLER, ELAINE E. NAME NAME 3130 SHIPWATCH DR. STREET ADDRESS STREET ADDRESS HOLIDAY FL CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition KARASINKI, CHARLES E NAME NAME 3909 MEADOWLAND DR STREET ADDRESS STREET ADDRESS PROSPECT KY 40059 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP