

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90207 027 ***150.00

DOCUMENT # 413953

1. Entity Name
HOLIDAY HARBOR RESTAURANT, INC.

Principal Place of Business

**65 DUNLAWTON AVE
 PORT ORANGE FL 32127**

Mailing Address

**3333 S ATLANTIC AVE
 #1604
 DAYTONA BEACH SHORES FL 32114
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3333 S. Atlantic Ave #1604

3. Mailing Address

1604

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Daytona Beach Shores, FL

City & State

32118

4. FEI Number

59-1449690

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JOHNSEN, PATRICIA
 3333 S ATLANTIC AVE #1604
 DAYTONA BEACH SHORES FL 32114**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

32118

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

TITLE Delete
 NAME **PVST JOHNSEN, PATRICIA**
 STREET ADDRESS **3333 S ATLANTIC AVE 1604**
 CITY-ST-ZIP **DAYTONA BEACH SHORES FL 32118**

TITLE Delete
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12. 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

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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: **Patricia Johnson**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/02
 DATE DAYTIME PHONE #

CR2E034 (9/01)