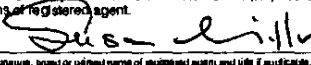
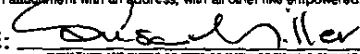


FILED

03 JUL -2 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #511047			
1. Entity Name HOLIDAY CARE CENTER, INC.			
Principal Place of Business 1031 S. BEACH ST. DAYTONA BEACH, FL 32114-6205		Mailing Address 1031 S. BEACH ST. DAYTONA BEACH, FL 32114-6205	
2. Principal Place of Business 933 Beville Road Suite, Apt. #, etc. Suite 101-G		3. Mailing Address PO Box 11257 Suite, Apt. #, etc.	
City & State Daytona Beach FL		City & State Daytona Beach	
Zip 32119	Country USA	Zip FL 32120	Country USA
4. FEI Number 59-1688742		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FAGAN, LYNNE 1031 S. BEACH ST. DAYTONA BEACH, FL 32014		7. Name and Address of New Registered Agent Name Susan Miller Street Address (P.O. Box Number is Not Acceptable) 933 Beville Road Suite 101-G City Daytona Beach FL 32119	
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  SUSAN MILLER DATE 7-1-03 Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent's signature required when missing)			
		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAGAN, LYNNE 104 SEA ISLAND CIRCLE DAYTONA BEACH, FL 32114 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Susan Miller ☒ Change ☐ Addition 435 Chimney Hill Ormond Beach FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FAGAN, RICHARD 104 SEA ISLAND CIRCLE DAYTONA BEACH, FL 32114 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICHARD FAGAN ☒ Change ☐ Addition 84 WILD CAT ORMOND BEACH FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MILLER, JOHN 436 CHIMNEY HILL PLACE ORMOND BEACH, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  SUSAN MILLER		DATE 7-1-03 386 234 4730	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

800021449498

07/10/03--01007--020 ***8.75



CHECK HERE IF MAKING CHANGES

CRE034 (10/02)

Vice
President

800021449498

07/10/03--01007--021 ***150.00

7/12

July 1, 2003

Florida Department of State
Division of Corporations
C/o 1201 Hays
Tallahassee, FL 32301

Dear Sir/Madam:

Please accept the enclosed Uniform Business Report for Holiday Care Center. This corporation was formerly owned by my mother, Lynne Fagan, who passed away September 15, 2002.

Unfortunately, I was unaware of the need to file this report and the renewal form was sent to her former address.

Please accept the enclosed check to renew the corporation. Please let me know if any additional fees might be due.

Sincerely,



Susan A. Miller
P.O. Box 11257
Daytona Beach, Florida 32120
~~386/224-2730~~
334-4730