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03 JUL -2 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #511047

1. Entity Name
HOLIDAY CARE CENTER, INC.

Principal Place of Business	Mailing Address
1031 S. BEACH ST. DAYTONA BEACH, FL 32114-6205	1031 S. BEACH ST. DAYTONA BEACH, FL 32114-6205

800021449498
07/10/03--01007--020 **8.75

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
933 Beville Road	PO Box 11257
Suite, Apt. #, etc.: Suite 101-G	Suite, Apt. #, etc.
City & State: Daytona Beach FL	City & State: Daytona Beach
Zip: 32119 Country: USA	Zip: FL 32120 Country: USA

4. FEI Number: 59-1888742 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FAGAN, LYNNE 1031 S. BEACH ST. DAYTONA BEACH, FL 32014	Name: Susan Miller Street Address (P.O. Box Number is Not Acceptable): 933 Beville Road Suite 101-G City: Daytona Beach FL Zip Code: 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 SUSAN MILLER 7-1-03
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent's signature required when addressed) DATE

After May 1, 2003 the fee will be $550.00.
Make check payable to Florida Department of State

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	Susan Miller 435 Chimney Hill Ormond Beach, FL 32174	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPDO FAGAN, RICHARD 104 SEA ISLAND CIRCLE DAYTONA BEACH, FL 32114	☐ Delete	RICHARD FAGAN 84 WILD CAT ORMOND BEACH FL 32174	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MILLER, JOHN 436 CHIMNEY HILL PLACE ORMOND BEACH, FL	☐ Delete	800021449498 07/10/03--01007--021 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

Vice President

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 SUSAN MILLER 7-1-03 386 3344730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jl 7/2

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