

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 625739

1. Entity Name

HOLLOWAY PLUMBING CO., INC.

FILED

Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90049 024 ***158.75

Principal Place of Business

Mailing Address

6819 EDGEWATER DRIVE
ORLANDO FL 32810

6819 EDGEWATER DRIVE
ORLANDO FL 32810-4209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1918915

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

HOLLOWAY, RAYMOND R
6819 EDGEWATER DR
ORLANDO, FL
32810

Name

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

City

FL

Zip Code

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD
NAME HOLLOWAY, GRACE H
STREET ADDRESS 160 FOREST LAKE DR.
CITY-ST-ZIP ALTAMONTE SPRG, FL 00000

☐ Delete

TITLE VD
NAME HAMILTON, ROBERT J
STREET ADDRESS 1200 DELK RD
CITY-ST-ZIP LONGWOOD, FL 00000

☒ Delete

TITLE PD
NAME HOLLOWAY, RAYMOND R
STREET ADDRESS 160 FOREST LAKE DR.
CITY-ST-ZIP ALTAMONTE SPRG, FL 00000

☐ Delete

TITLE TD
NAME HAMILTON, MARCIA R
STREET ADDRESS 1200 DELK RD
CITY-ST-ZIP LONGWOOD, FL 00000

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE VSD
NAME GRACE H. HOLLOWAY
STREET ADDRESS
CITY-ST-ZIP ADD SAME

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PTD
NAME RAYMOND R. HOLLOWAY
STREET ADDRESS
CITY-ST-ZIP ADD SAME

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: *Raymond R. Holloway President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-04-00407-291-9363
Date Daytime Phone #

CR2E034 (9/99)