

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90176 048 ****61.25

DOCUMENT # 709531

1. Entity Name

HOLIDAY AQUA SPORTS, INC.



Principal Place of Business

**6639 EMERSON AVENUE SOUTH
ST PETERSBURG FL 33707**

801 641 90.50 #175

Mailing Address

**6639 EMERSON AVENUE SOUTH
ST PETERSBURG FL 33707**

801 641 90.50 #175

2. Principal Place of Business

801-641 90.50

3. Mailing Address

801-641 90.50

Suite, Apt. #, etc.

#175

Suite, Apt. #, etc.

#175

City & State

90. PETE FL

City & State

90. PETE FL

Zip

33707

Country

Pumellas

Zip

33707

Country

Pumellas

6. Name and Address of Current Registered Agent

ELGIN JR., HAROLD W

**6639 EMERSON AVENUE SOUTH
ST PETERSBURG FL 33707**

**801 641 90.50
#175**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **ELGIN JR., HAROLD W**
STREET ADDRESS **6639 EMERSON AVE SO**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **D** ☐ Delete
NAME **FOX, LINDA L.**
STREET ADDRESS **921 65TH SY SO.**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **D** ☐ Delete
NAME **ELGIN, DEBORAH S.**
STREET ADDRESS **6639 EMERSON AVE SO.**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **ELGIN Sr. Harold W**
STREET ADDRESS **801 641 90.50 #175**
CITY-ST-ZIP **90. PETE, FL 33707-3055**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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:

SIGNATURE REQUIRED

05/30/03

727/345-3687

CR2E037 (10/02)