

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90115 017 ***158.75

UNIFORM BUSINESS REPORT

DOCUMENT # F51065

1. Entity Name
DRS. HOLLER, HINES, ASHWOOD AND RECKSON, P.A.



Principal Place of Business
**931 N SPRING GARDEN AVE
DELAND FL 32720-0809
US**

Mailing Address
**931 N SPRING GARDEN AVE
DELAND FL 32720-0809
US**

60011931



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Zip Country

4. FEI Number **NOT APPLICABLE**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RECKSON, CHARLES E M.D.
1780 DOOLITTLE COURT
DAYTONA BEACH FL 32124**

7. Name and Address of New Registered Agent

Name **JEFFREY J. BUSH, MD**
Street Address (P.O. Box Number is Not Acceptable)
2421 SLEEPY OAK LANE
City **DELAND** FL Zip Code **32720-8626**

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 **President** 1-13-03
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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

TITLE	S	<input type="checkbox"/> Delete
NAME	HOLLER, WILLIAM E III	
STREET ADDRESS	RT 6 2121 HONTOON RD	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VERMA, AJAY	
STREET ADDRESS	218 BUNKER CT	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	P	<input type="checkbox"/> Delete
NAME	RECKSON, CHARLES E	
STREET ADDRESS	1931 SPRUCE CREEK LANDING	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	
TITLE	D	<input type="checkbox"/> Delete
NAME	HINES, KENNETH K JR	
STREET ADDRESS	150 LAKE WINNEMISSETT DR	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	T	<input type="checkbox"/> Delete
NAME	BUSH, JEFFREY J	
STREET ADDRESS	2421 SLEEPY OAK LANE	
CITY-ST-ZIP	DELAND FL 32720-8626	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENGELKEN, JOHN D	
STREET ADDRESS	1039 TORCHWOOD DR	
CITY-ST-ZIP	DELAND FL 32724	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	ZIP- 32720	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1988 HAWKS NEST DRIVE	
CITY-ST-ZIP	PORT ORANGE, FL 32124	
TITLE	VICE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice-President 1/3/03
(386) 738-0488

Date Daytime Phone #

CR2E034 (10/02)