

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90352 012 \*\*\*550.00

**DOCUMENT # F76188**

1. Entity Name  
**HOLIDAY DINETTES, INC.**

Principal Place of Business

**30940 US 19 NORTH  
 PALM HARBOR FL 34684**

Mailing Address

~~30940 US 19 NORTH~~  
~~PALM HARBOR FL 34684~~  
**111 Vollmer Ave  
 Oldsmar, FL 34677**

2. Principal Place of Business

**Holiday Dinettes Inc.**

Suite, Apt. #, etc.

**111 Vollmer Ave**

City & State

**Oldsmar FL**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

City & State

**Oldsmar FL**

Zip

**34677**

Country

**USA**

Zip

**34677**

Country

**USA**

4. FEI Number

**59-2181562**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**HEWITT, SCOTT  
 2412 SAND BAY DRIVE  
 HOLIDAY FL 34691**

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

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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	STD	<input type="checkbox"/> Delete
NAME	HEWITT, STEVEN	
STREET ADDRESS	3385 TARPON WOODS BLVD	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HEWITT, SCOTT	
STREET ADDRESS	2412 SAND BAY DRIVE	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

**SCOTT HEWITT**

**7/8/02**

**813-925-0215**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)