## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # F9600003592 J HOLLAND CORPORATION 01-31-2001 90022 015 \*\*\*150.00 Principal Place of Business Mailing Address 16015 WILMINGTON PL. 16015 WILMINGTON PL. TAMPA FL 33647 TAMPA FL 33647 3. Mailing Address 2. Principal Place of Business DRIVE 4916 LONDONDERRY 4916 LONDONDERRY DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 22-3100327 FL TAMPA F۷ TAMPA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33647 USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOHN HOLLAND HOLLAND, JOHN Street Address (P.O. Box Number is Not Acceptable) 16015 WILMINGTON PL. **TAMPA FL 33647** 4916 LONDONDERRY 说中 水塘和野水大野水高温高品。 Zip Code 33647 一心 動物的自然的 。 1 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 30W 6. HawD (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY-1, 2001. Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PRESIDENT TITLE ☐ Delete TITLE Change ☐ Addition ZOHN CHOLLAND NAME NAME HOLLAND, JOHN G 4916 LONDONDERRY DRIVE STREET ADDRESS STREET ADDRESS 16015 WILMINGTON PLACE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33647 FL 33647 □ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLÉ ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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.

JOHN G. HOLLA