

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G53856

1. Entity Name

HOLLIS ENGINEERING, INC.

FILED

00 FEB -3 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 670 B&C CORPORATE SERVICES OF CENTRAL FL 390 N. ORANGE AVE STE 1100 ORLANDO FL 32801 US	Mailing Address P.O. BOX 4961 ORLANDO FL 32802-4961 US
---	---

2. Principal Place of Business 605 E. Robinson Street Suite, Apt. #, etc. Suite 450 City & State Orlando, FL Zip 32801 Country US	3. Mailing Address P.O. BOX 4961 Suite, Apt. #, etc. City & State ORLANDO, FL Zip 32802 Country USA
--	---

*[Signature]*



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2327068 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES OF CENTRAL FL  
390 N ORANGE AVENUE  
STE 1100  
ORLANDO FL 32801

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.

SIGNATURE \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLIS, PHILLIP C PE 153 PLUMOSUS DRIVE ALTAMONTE SPGS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOLLIS, MARY E 605 E ROBINSON, SUITE 450 ORLANDO FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SM ELLIOTT, WILLIAM C 605 E. ROBINSON #450 ORLANDO FL 32801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
8000003128758--E -02/09/00--01012--004 ****158.75 ****158.75 <input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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: *[Signature]*  
PHILLIP C. HOLLIS, PRESIDENT

1/27/00 (407) 422-1118  
Date Daytime Phone #