## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 07, 2000 8:00 am Secretary of State **DOCUMENT # H71098** 1. Entity Name A. R. HOLLAND, INC. 04-07-2000 90056 040 \*\*\*150.00 Principal Place of Business Mailing Address 470 VAN PELT LN % A. R. HOLLAND PENSACOLA FL 32505 470 VAN PELT LANE PENSACOLA FL 32505-2532 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2562559 Not Applicable Country \$8.75 Additional Zip Country Zip П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOLLAND, A. R. Street Address (P.O. Box Number is Not Acceptable) 1520 ORA DR. PENSACOLA FL 32506 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Addition ☐ Delete TITLE HOLLAND, A. R. NAME NAME 1520 ORA DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL TSD ☐ Addition ☐ Change ☐ Delete TITLE TITLE HOLLAND, ROSE M. NAME NAME STREET ADDRESS STREET ADDRESS 1520 ORA DR. CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE: :

STREET ADDRESS

CITY-ST-ZIP

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