

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J10868

1. Entity Name

BOB HOLLINGER, INC.

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90410 006 ***150.00

Principal Place of Business

% ROBERT E. HOLLINGER, JR.
2175 W. FIRWOOD DRIVE
DELTONA FL 32725

Mailing Address

% ROBERT E. HOLLINGER, JR.
2175 W. FIRWOOD DRIVE
DELTONA FL 32725

00044513

2. Principal Place of Business

1280 Florida Ave

3. Mailing Address

1280 Florida Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORANGE CITY, FL.

City & State

ORANGE CITY, FL.

4. FEI Number

59-2677477

Applied For

Not Applicable

Zip

32763

Country

USA

Zip

32763

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLLINGER, ROBERT E., JR.
2175 WEST FIRWOOD DRIVE
DELTONA FL 32725

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D President
STREET ADDRESS HOLLINGER, ROBERT E., JR.
CITY-ST-ZIP 2175 W. FIRWOOD DRIVE
DELTONA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME Vice President
STREET ADDRESS Hollinger, Paul A
CITY-ST-ZIP 617 Anderson Dr.
Deltona, FL 32725

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME Vice President
STREET ADDRESS Hollinger, Shialoy A
CITY-ST-ZIP 1280 Florida Ave
ORANGE CITY, FL 32763

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert E. Hollinger JR

4-23-01

904-774-9799

CR2E034 (10/00)