

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J44757

1. Entity Name

HOLT FILTERS, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90105 001 ***150.00

Principal Place of Business

Mailing Address

2804 36TH ST.
TAMPA FL 33605
US

2804 36TH ST.
TAMPA FL 33765-1929
US

2. Principal Place of Business

3. Mailing Address

1610 Hercules Ave

1610 N. Hercules Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite J

Suite J

City & State

City & State

Clearwater

Clearwater FL

Zip

Country

Zip

Country

33765

US

33765

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

HOLT, TIMOTHY C.
1426 MCMULLEN BOOTH RD
CLEARWATER FL 33520

1610 N Hercules Ave.
STE J
Clearwater FL
33765

Name

Holt Timothy C.

Street Address (P.O. Box Number is Not Acceptable)

1610 N Hercules Ave.

STE J.

City

Clearwater

FL

Zip Code

33765

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

Timothy C. Holt Timothy C. Holt Pres. 1/3/00

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Delete
NAME	HOLT, TONYIA A	
STREET ADDRESS	2804 36TH ST.	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	P	<input type="checkbox"/> Delete
NAME	HOLT, TIMOTHY	
STREET ADDRESS	2804 36TH ST.	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FREDERICK, DAVID C	
STREET ADDRESS	2804 36TH ST.	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LOUBET, BRUCE J JR.	
STREET ADDRESS	2804 36TH ST.	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLT TONYIA A.	
STREET ADDRESS	1610 N HERCULES AVE.	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLT Timothy C.	
STREET ADDRESS	1610 N Hercules Ave.	
CITY-ST-ZIP	Clearwater FL 33765	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLT Timothy C.	
STREET ADDRESS	1610 N Hercules Ave.	
CITY-ST-ZIP	Clearwater FL 33765	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Holt Tonyia A.	
STREET ADDRESS	1610 N Hercules	
CITY-ST-ZIP	Clearwater FL 33765	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

727-449-8448

SIGNATURE:

Timothy C. Holt Timothy C. Holt 1/30/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)