

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J44757

1. Entity Name
HOLT FILTERS, INC.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90240 008 ***150.00

Principal Place of Business
1610 HERCULES AVE.
STE J
CLEARWATER FL 33765
US

Mailing Address
1610 HERCULES AVE.
STE J
CLEARWATER FL 33765
US

BU030802



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1610 Hercules Ave
Suite J

3. Mailing Address
1610 Hercules Ave
Suite J

City & State
Clearwater, FL
Zip
33765
Country
US

City & State
Clearwater, FL
Zip
33765
Country
US

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 MCNULLEN BOOTH RD
CLEARWATER FL 33765

Name
Holt Timothy C.
Street Address (P.O. Box Number is Not Acceptable)
1610 N. Hercules Ave.
Suite 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. 4/10/01
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	S HOLT, TONYIA A 2804 36TH ST. TAMPA FL 33605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Holt TONYIA A. 1610 N. HERCULES AVE. CLEARWATER, FL 33765 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLT, TIMOTHY 2804 36TH ST. TAMPA FL 33605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Holt Timothy C. 1610 N. HERCULES AVE. CLEARWATER, FL 33765 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FREDERICK, DAVID C 2804 36TH ST. TAMPA FL 33605 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Holt Timothy C. 1610 N. HERCULES AVE. CLEARWATER, FL 33765 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOUBET, BRUCE J JR. 2804 36TH ST. TAMPA FL 33605 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Holt TONYIA A. 1610 N. HERCULES AVE. CLEARWATER, FL 33765 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Timothy C. Holt Timothy C. Holt 4/10/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)