

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90023 022 ***150.00

DOCUMENT # J44757

1. Entity Name
HOLT FILTERS, INC.

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1672 N Hercules Ave.

Suite, Apt. #, etc.

STE F

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

CLEARWATER FL

33765

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLT, TIMOTHY C.
1610 N HERCULES AVE
CLEARWATER FL 33765

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

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, 2002 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 **VPS**
 NAME **HOLT, TONYIA A**
 STREET ADDRESS **1610 N HERCULES AVE**
 CITY-ST-ZIP **CLEARWATER FL 33765** ☐ Delete

TITLE **VPS**
 NAME **Holt, Tonyia A.**
 STREET ADDRESS **1672 N Hercules Ave unit F**
 CITY-ST-ZIP **Clearwater, FL 33765** ☒ Change ☐ Addition

TITLE **PT**
 NAME **HOLT, TIMOTHY**
 STREET ADDRESS **1610 N HERCULES AVE**
 CITY-ST-ZIP **CLEARWATER FL 33765** ☐ Delete

TITLE **PT**
 NAME **Holt Timothy C.**
 STREET ADDRESS **1672 N. Hercules Ave unit F**
 CITY-ST-ZIP **Clearwater, FL 33765** ☒ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ 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.

(727)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/03 **449-8448**
 Date Daytime Phone #

CR2E034 (9/01)