

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 31, 2000 8:00 am**
Secretary of State

05-31-2000 90027 049 ***550.00

DOCUMENT # J61089

1. Entity Name

CHARLES R. HOLLOMAN, P.A.**852852**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1515 E SILVER SPRING BLVD
120E
OCALA FL 34470-6831
US1515 E SILVER SPRING BLVD
120E
OCALA FL 34470-6833
US

2. Principal Place of Business

3. Mailing Address

1515 E SILVER SPRING BLVD
Suite, Apt. #, etc.
SUITE 106 E1515 E SILVER SPRING BLVD
Suite, Apt. #, etc.
SUITE 106 E

City & State

City & State

OCALA, FL 34470-6831

OCALA, FLORIDA

Zip

Country

Zip

Country

34470-6831 MARION

34470-6831 MARION

4. FEI Number

59-2775261

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

HOLLOMAN, CHARLES R.
1515 E SILVER SPRING BLVD STE 120E
OCALA FL 34470

Name

CHARLES R. HOLLOMAN

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

1515 EAST SILVER SPRING BLVD, SUITE 106 E

City

OCALA

FL

Zip Code

34470

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: *Charles R. Holloman*
Signature, typed or printed name of registered agent and title if applicable.*Charles R. Holloman*
(NOTE: Registered Agent signature required when reinstating)5/10/00
DATE9. 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 State10. 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
PSD
HOLLOMAN, CHARLES R.
4324 SE 26TH TERR. RD.
OCALA FL 34480 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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.

SIGNATURE: *Charles R. Holloman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/00

Date

(352)
732-0068

Daytime Phone #

CR2E (1/99)