

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J80038

1. Entity Name

HOLLIE'S LOCKSMITH SERVICE, INC.

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

01-25-2000 90093 011 ***158.75

Principal Place of Business

Mailing Address

HOLLIES LOCKSMITH SVC. INC
113 W PINCKNEY ST
MADISON FL 32340
US

% ALFRED H. HOLLIE
ROUTE 1 BOX 820
MADISON FL 32340-9411

00008690



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

HOLLIE'S LOCKSMITH SERVICE, INC

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3328 S.E. 69th St. Box 26

SAME

City & State

City & State

MADISON, FL

SAME

Zip

Country

Zip

SAME

Country

32340

MADISON

4. FEI Number

59-2823942

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

HOLLIE, ALFRED H.
RT. 1 BOX 820
MADISON FL 32340

Name

HOLLIE, ALFRED H

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

3328 S.E. 69th St. Box 26

City

MADISON,

FL

Zip Code
32340

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

ALFRED H. HOLLIE

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

(NOTE: Registered Agent signature required when reinstating)

JANUARY 20th, 2000

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 **P** ☐ Delete
NAME **HOLLIE, ALFRED H.**
STREET ADDRESS **RT. 1 BOX 820**
CITY-ST-ZIP **MADISON FL**

TITLE ☒ Change ☐ Addition
NAME **HOLLIE, ALFRED H.**
STREET ADDRESS **3328 S.E. 69th St. Box 26**
CITY-ST-ZIP **MADISON, FL. 32340**

TITLE **ST** ☒ Delete
NAME **HOLLIE, EDNA G.**
STREET ADDRESS **RT. 1 BOX 820**
CITY-ST-ZIP **MADISON FL**

TITLE ☐ Change ☐ Addition
NAME **NO S/T AT THIS TIME**
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
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STREET ADDRESS
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STREET ADDRESS
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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

JANUARY 20th, 2000

Date

Daytime Phone #