

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J80038

1. Entity Name
HOLLIE'S LOCKSMITH SERVICE, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90040 013 ***158.75

Principal Place of Business
HOLLIES LOCKSMITH SVC. INC
3328 S.E. 69TH ST. BOX 26
MADISON FL 32340
US

Mailing Address
C/O ALFRED H. HOLLIE
ROUTE 1 BOX 820
MADISON FL 32340-9411
US

2. Principal Place of Business

HOLLIES LOCKSMITH SVC. INC. ALFRED H. HOLLIE

Suite, Apt. #, etc.
603 So. Rampart St 3328 S.E. 69th St Box 26

City & State
MADISON, FL MADISON FLA -

Zip Country
32340 MADISON 32340 MADISON

6. Name and Address of Current Registered Agent

HOLLIE, ALFRED H.
3328 S.E. 69TH ST BOX 26
MADISON FL 32340

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	<input type="checkbox"/> Delete
NAME	HOLLIE, ALFRED H.	
STREET ADDRESS	3328 S.E. 69TH ST BOX 26	
CITY-ST-ZIP	MADISON FL 32340	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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.

SIGNATURE: Alfred H. Hollie Alfred H. Hollie March 16, 2001 850-973-8221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)