2001 UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2001 8:00 am Secretary of State **DOCUMENT # L77691** HOLIDAY ENTERPRISES, INC. 04-28-2001 90076 047 ***150.00 Principal Place of Business Mailing Address 6944 S.E. 135TH STREET P.O. BOX 29 SUMMERFIELD FL 34491 SUMMERFIELD FL 34491 3. Mailing Address O Box 29 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3056195 ummer Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHAMBERLAIN, G R Street Address (P.O. Box Number is Not Acceptable) 4518 SW 44TH LANE OCALA FL 34474 City 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE TITLE ☐ Delete HOLIDAY, LESLIE J., JR. NAME NAME 6944 S.E. 135TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUMMERFIELD FL 34491 Delete ☐ Addition TITLE Change TITLE HOLIDAY, DEBBIE A. NAME NAME 6944 S.E. 135TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP SUMMERFIELD FL 34491 CITY-ST-ZIF Change TITLE ☐ Delete TITLE ☐ Addition HARVEY, LARRY J NAME NAME 14600 S.E. 56TH AVENUE STREET ADDRESS STRF . 7 CITY-ST-ZIP SUMMERFIELD FL 34491 CITY-ST-ZiF ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 OFFICE OR DIRECTOR

4/24/01

(352)347-3979

Daytime Phone #