

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M37693

1. Entity Name

HOLLY HUGDAHL CPA, P.A.

FILED

May 22, 2000 8:00 am
Secretary of State

05-22-2000 90082 018 ***150.00

Principal Place of Business

Mailing Address

C/O HOLLY HUGDAHL
10331 NW 18TH PL
PEMBROKE PINES FL 33026
US

C/O HOLLY HUGDAHL
10472 TAFT ST
PEMBROKE PINES FL 33026-2819

00096846



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Holly Hugdahl

Holly Hugdahl

Suite, Apt. #, etc.

Suite, Apt. #, etc.

13870 MUSTANG TRAIL

13870 MUSTANG TRAIL

City & State

FT LAUDERDALE, FL

City & State

FT LAUDERDALE FL

4. FEI Number

59-2721184

Applied For

Not Applicable

Zip

33330

Country

USA

Zip

33330

Country

USA

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

HUGDAHL, HOLLY
10472 TAFT ST
PEMBROKE PINES FL 33026

Name

Holly Hugdahl

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

13870 MUSTANG TRAIL

City

FT LAUDERDALE

FL

Zip Code

33330

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, 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 PD
NAME HUGDAHL, HOLLY
STREET ADDRESS 10472 TAFT ST
CITY-ST-ZIP PEMBROKE PINES FL ☐ Delete

TITLE PD
NAME Holly Hugdahl
STREET ADDRESS 13870 MUSTANG TRAIL
CITY-ST-ZIP FT LAUDERDALE, FL 33330 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
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:

Holly Hugdahl Holly Hugdahl

4/30/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)