

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90026 045 ***150.00

DOCUMENT # M37693

1. Entity Name
HOLLY HUGDAHL CPA, P.A.

Principal Place of Business
HOLLY HULDAHL
13870 MUSTANG TRAIL
FORT LAUDERDALE FL 33330
US

Mailing Address
HOLLY HULDAHL
13870 MUSTANG TRAIL
FORT LAUDERDALE FL 33330
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
HOLLY HUGDAHL
 Suite, Apt. #, etc.
13870 MUSTANG TR

3. Mailing Address
HOLLY HUGDAHL
 Suite, Apt. #, etc.
13870 MUSTANG TR

City & State
SW RANCHES FL
 Zip
33330 Country

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SW RANCHES FL
 Zip
33330 Country

4. FEI Number **59-2721184** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HUGDAHL, HOLLY
13870 MUSTANG TRAIL
FORT LAUDERDALE FL 33330

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **SW RANCHES** **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 _____
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, 2002 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 **PD** ☐ Delete
 NAME **HUGDAHL, HOLLY**
 STREET ADDRESS **13870 MUSTANG TRAIL**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33330**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)