## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 16, 2001 8:00 am **DOCUMENT # M94133** Secretary of State 1. Entity Name HOLLIS PROPERTIES, INC. 03-16-2001 90005 015 \*\*\*150.00 Principal Place of Business Mailing Address 217 PEROVIAN AVE. 217 PEROVIAN AVE. PALM BEACH FL 33480 PALM BEACH FL 33480 00025736 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 65-0068928 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOLLIS, EARL A. I. Address (P.O. Box Number is Not Acceptable) 145 PERUVIAN AVENUE, #310 SUITE 211 PALM BEACH FL 33480 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 <u>A. H</u>olli's . agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITLE Change Addition Delete TITLE HOLLIS, EARL A. JR. NAME NAME STREET ADDRESS STREET ADDRESS 217 PERUVIAN AVE. CITY-ST-ZIP CITY-ST-7IP PALM BEACH FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME SMITH, DEANNA D NAME STREET ADDRESS STREET ADDRESS 5810 CHURCHILL CT CITY-ST-7IP CITY-ST-ZIP WEST PALM BEACH FL 33405 Change ☐ Addition . -- Delete TITLE TITLE Hollis, E. Anthony 4 Bentwood Rd. HOLLIS, EARL A. J NAME NAME STREET ADDRESS STREET ADDRESS 217 PERUVIAN AVENUE Palm Beach Gardens, FL 3348 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL Change ☐ Addition Delete TITLE TITLE NAME MILLER, BARRY NAME STREET ADDRESS STREET ADDRESS PO BOX 2175 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE

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 a other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Earl A. Hollis, President

(561) 655-5710

Daytime Phone #