2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000000761 May 23, 2000 8:00 am Secretary of State HOLIDAY STUDIO RENTALS, INC. 05-23-2000 90273 018 ***150.00 Mailing Address Principal Place of Business 4710 W. 36TH ST. 4710 W. 36TH ST. ORLANDO FL 32811 ORLANDO FL 32811 3. Mailing Address 2. Principal Place of Business 14663 Keswick St. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 94-3347350 Van Nuys, \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 91405 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name PARACORP INCORPORATED Street Address (P.O. Box Number is Not Acceptable) 236 E. 6TH AVE. TALLAHASSEE FL 32303 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State \mathbf{x} (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition President ☐ Delete TITLE TITLE NAME Robert N. Bailey NAME STREET ADDRESS P.O. Box 3387 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Blue Jay, CA 92317 Addition Change Treasurer/Secretary ☐ Delete TITLE TITLE NAME Carole A. Bailey NAME STREET ADDRESS P.O. Box 3387 STREET ADDRESS CITY-ST-ZIP Blue Jay, CA 92317 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE Vice President TITLE NAME Stephen E. Bott NAME STREET ADDRESS 19036 Wellhaven STREET ADDRESS CITY-ST-ZIP <u> Canyon Country, CA 91351</u> CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITEE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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

FILED

Stephen E. Bott-Vice President 4/28/00 818-787-337 SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

with an address, with all other like empowered.

changed, or on an attachment