

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000000761

1. Entity Name

HOLIDAY STUDIO RENTALS, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90321 015 ***150.00

Principal Place of Business

4710 W. 36TH ST.
ORLANDO FL 32811

Mailing Address

14663 KESWICK STREET
VAN NUYS CA 91405

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **94-3347350**

Applied For

Not Applicable

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

PARACORP INCORPORATED
236 E. 6TH AVE.
TALLAHASSEE FL 32303

Name

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

City

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	BAILEY, ROBERT N	
STREET ADDRESS	PO BOX 3387	
CITY-ST-ZIP	BLUE JAY CA 92317	
TITLE	TS	<input type="checkbox"/> Delete
NAME	BAILEY, CAROLE A	
STREET ADDRESS	PO BOX 3387	
CITY-ST-ZIP	BLUE JAY CA 92317	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BOTT, STEPHEN E	
STREET ADDRESS	19036 WELLHAVEN	
CITY-ST-ZIP	CANYON COUNTRY CA 91351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bailey, Robert N.	
STREET ADDRESS	113 El Porto St.	
CITY-ST-ZIP	Manhattan Beach, CA 90266	
TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bailey, Carole A.	
STREET ADDRESS	113 El Porto St.	
CITY-ST-ZIP	Manhattan Beach, CA 90266	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bott, Stephen E.	
STREET ADDRESS	26812 Neff CT.	
CITY-ST-ZIP	Canyon Country, CA 91351	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 OFFICER OR DIRECTOR

Stephen E. Bott

4/11/01

818-787-3377

Date

Daytime Phone #

CR2E034 (10/00)