

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90147 030 \*\*\*150.00

**DOCUMENT # P00000038385**

**1. Entity Name**  
**NATIONAL DATA REGISTRY, INC.**



**Principal Place of Business**  
**303 SW 8TH STREET**  
**OCALA FL 34474**

**Mailing Address**  
**P O BOX 327**  
**OCALA FL 34478-0327**

**11012371**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **59-3643744**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**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**

**CROSS, SCOTT**  
**108 N MAGNOLIA AVE**  
**STE 101**  
**OCALA FL 34475**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>HOLLARAN, ROBERT</b> <b>5268 NW 78TH COURT</b> <b>OCALA FL 34482</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> <b>BOLLINGER, WILLIAM</b> <b>16548 SE 27TH PLACE</b> <b>OCKLAWAHA FL 32179</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GRUBB, JOHN</b> <b>2901 SW 41ST STREET 2409</b> <b>OCALA FL 34474</b>	<input checked="" type="checkbox"/> Delete <i>5079</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HYLTON, RUFUS O JR</b> <b>3430 NE 41ST PLACE</b> <b>OCALA FL 34479</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCFO</b> <b>BORAIRO, GEORGE R</b> <b>2605 HERNDON STREET</b> <b>VALRICO FL 33594</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

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

*ROBERT HOLLARAN 4/23/03*

Date

Daytime Phone #

*353-6229-9904*

CR2E034 (10/02)