

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000076878

1. Entity Name
HOLIDAY HOUSE DISTRIBUTING, INC.

FILED
Feb 28, 2001 8:00 am
Secretary of State
02-28-2001 90134 030 ***150.00

Principal Place of Business
2355 RADEN DRIVE
LAND O LAKES FL 34639

Mailing Address
2355 RADEN DRIVE
LAND O LAKES FL 34639

2. Principal Place of Business

3. Mailing Address
PO BOX 1439

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LAND O LAKES FL

4. FEI Number
59-3665101

Applied For
Not Applicable

Zip

Country

Zip
34639

Country
PASCO

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name
BERNARD WINKLER

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

2355 RADEN DRIVE

City
LAND O LAKES FL Zip Code
34639

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 *B. Winkler*

2/22/01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WINKLER, LYNN
6229 TOWER ROAD
LAND O LAKES FL 34639 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WINKLER, BERNARD
6229 TOWER ROAD
LAND O LAKES FL 34639 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

Lynn Winkler LYNN WINKLER

2/22/01

813-929-0909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)