2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State
01-13-2003 90127 010 ***150.00

DOCUMENT # P00000085551

1. Entity Name
HOLIDAY ILLUMINATIONS, INC.

Principal Place of Business	Mailing Address
9337 HOWELL LANE PALM BCH GARDENS FL 33418	9337 HOWELL LANE PALM BCH GARDENS FL 33418

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
9337 - B Howell Ln.	9425 Howell Ln.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Bch. Gardens, FL	City & State: Palm Bch. Gardens, FL
Zip: 33418 Country: USA	Zip: 33418 Country: USA

4. FEI Number 65-1047728 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHULZ, LEONARD F JR.
9337 HOWELL LANE
PALM BCH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name: Schulz, Leonard F. Jr.
Street Address (P.O. Box Number is Not Acceptable): 9425 Howell Lane
City: Palm Bch. Gardens **FL** Zip Code: 33418

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] 1/7/03
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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHUTZ, LEONARD F 9337 HOWELL LANE PALM BEACH GARDENS FL 33418 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Schulz, Leonard F Jr. 9425 Howell Lane Palm Beach Gardens, FL 33418 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] REQUIRED 1/8/03 561-848-5858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)