

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90039 015 ***150.00

DOCUMENT # P000000108806

1. Entity Name

THERE IS NO SUCH THING AS COMPETITION
INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5915 SEA RANCH DR

3. Mailing Address

SAME

Suite, Apt. #, etc.

APT 714

Suite, Apt. #, etc.

City & State

HUDSON

City & State

Zip

34667

Country

US

Zip

Country

4. FEI Number

59-3682738

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DOROTHY HOLLENSTEIN

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

5915 SEA RANCH DR APT 714

City

HUDSON

FL

Zip Code

34667

**DO NOT WRITE
IN THIS SPACE**

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

Dorothy Hollenstein

DOROTHY HOLLENSTEIN

4-24-02

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
HOLLENSTEIN, DOROTHY
5915 SEA RANCH DR APT 714
HUDSON FL 34667

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Dorothy Hollenstein* DOROTHY HOLLENSTEIN 4-24-02 (77) 863-2452

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)