

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 10, 2003 8:00 am**  
**Secretary of State**

09-10-2003 90065 013 \*\*\*550.00

**DOCUMENT # P01000022470**

**1. Entity Name**  
**IDENTITY HOLIDAYS, INC.**



**Principal Place of Business**

18800 SW 7TH ST.  
PEMBROKE PINES FL 33029

**Mailing Address**

18800 SW 7TH ST.  
PEMBROKE PINES FL 33029

**2. Principal Place of Business**

10041 Pines Blvd.

Suite, Apt. #, etc.

Suite D

**3. Mailing Address**

10041 Pines Blvd.

Suite, Apt. #, etc.

Suite D

**City & State**

Pembroke Pines, FL

**City & State**

Pembroke Pines, FL

**Zip**

33024

**Country**

USA

**Zip**

33024

**Country**

USA

**4. FEI Number**

65-1083512

**Applied For**

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

MAY, TODD

18800 SW 7TH ST.

PEMBROKE PINES FL 33029

**Name**

May, Todd

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

10041 Pines Blvd.

Suite D

**City**

Pembroke Pines

**FL**

**Zip Code**

33024

**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**

Todd L. May

7/9/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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**

**TITLE** D ☐ Delete  
**NAME** MAY, TODD  
**STREET ADDRESS** 18800 SW 7TH ST.  
**CITY-ST-ZIP** PEMBROKE PINES FL 33029

**TITLE** D ☒ Delete  
**NAME** AUSTIN, CHRIS  
**STREET ADDRESS** 18800 SW 7TH ST.  
**CITY-ST-ZIP** PEMBROKE PINES FL 33029

**TITLE** D ☐ Delete  
**NAME** CRUTCHFIELD, AMY  
**STREET ADDRESS** 7507 ASHBY LN., APT 1  
**CITY-ST-ZIP** ALEXANDRIA VA 22315

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** President ☒ Change ☐ Addition  
**NAME** May, Todd  
**STREET ADDRESS** 10041 Pines Blvd., Suite D  
**CITY-ST-ZIP** Pembroke Pines, FL 33024

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

**TITLE** Director ☒ Change ☐ Addition  
**NAME** Crutchfield, Amy  
**STREET ADDRESS** 16503 SW 2nd Dr.  
**CITY-ST-ZIP** Pembroke Pines, FL 33027-1050

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

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

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

**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:**

Todd L. May

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/03

Date

(954)432-0800

Daytime Phone #

CR2E034 (4/03)