2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000039735 DOCUMENT

1. Entity Name

DOMINGUEZ HOLLAND, INC.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90830 005 ***150.00

L				GOO WE TAN			
Principal Place of Business 11997 S. US HWY. 441 BELLEVIEW FL 34420		11997 S. US	Mailing Address 11997 S. US HWY. 441 BELLEVIEW FL 34420		I (BB)(BB) in Built firm bris boin bris bris bris fire fine that ever show bit heat		
2. Principal	Place of Business	3. Mailing Ad	dress				
Suite, Apt	t. #, etc.	Suite, Apt.	ŧ, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & Sta	ite	City & State			4. FEI Number 59-3716811 Applied For		
Zip Country		Zip	Zip Count		5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of	Current Registered Ager	t	T	7. Name and Address of New Registered Agent		
				Name —			
DOMINGUEZ, BETH WATTS							
11997 S.	US HWY. 441		'		Street Address (P.O. Box Number is Not Acceptable)		
	W FL 34420						
				City	Zip Code		
8. The above	named entity submits this state	ement for the purpose of c	hanging its registe	red office or registe	tered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE							
	Signature, typed or printed name of registe	ered agent and title if applicable.	(NOTE: Registe	red Agent signature require	ired when reinstating) DATE		
Afte	FILE NOW!!! FEE IS \$150 r May 1, 2003 Fee will be \$! k Payable to Florida Depart	550.00		·	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	 	RS AND DIRECTORS	11	•	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D`		Delete TiT	LE	☐ Change ☐ Addition		
NAME	DOMINGUEZ, BETH WATT	'S	NAI	ME	_ · <u> -</u>		
STREET ADDRESS CITY-ST-ZIP	11997 S. US HWY. 441			REET ADDRESS			
•	BELLEVIEW FL 34420			Y-ST-ZIP			
TITLE . NAME	D BOLLAND DAVID D		Delete TITI	· .	☐ Change ☐ Addition		
STREET ADDRESS	HOLLAND, DAVID D 444 SEABREEZE BLVD., S	TE 000	NAF	4			
CITY-SI-ZIP	DAYTONA BEACH FL 321	11C. 23U 18		REET ADDRESS Y-ST-ZIP			
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CITY-ST-ZIP				Y-ST-ZIP	<u> </u>		
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CITY-ST-ZIP				'-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. Buth Watts Domingues Beth Watts, Dominguez SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR SIGNATURE: