

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0105508
AV

DOCUMENT # P01000083142



1. Entity Name
HOLIDAZE BOAT RENTAL, INC.

FILED

03 OCT -3 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1200 W RETTA ESPLANDE
PUNTA GORDA FL 33950

Mailing Address
1200 W RETTA ESPLANDE
PUNTA GORDA FL 33950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1132858

Applied For

Not Applicable

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

FRESHMAN, AUDREY A
2637 SW 45 ST
CAPE CORAL FL 33914-6158

Name Audrey Freshman

Street Address (P.O. Box Number is Not Acceptable)
41069 LACOSTA ISLAND CT

City Punta Gorda

FL

Zip Code
33950

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 Audrey Freshman, President

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PT
FRESHMAN, AUDREY A
1200 W RETTA ESPLANDE
PUNTA GORDA FL 33950

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

600023522056
10/02/03--01084--013 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VS
LATEGAN, DEBORAH A
1200 W RETTA ESPLANDE
PUNTA GORDA FL 33950

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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: Audrey Freshman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/03 941-270-0398
Date Daytime Phone #

CR2E034 (4/03)

To Whom it May Concern

We Received our 1st & only Notice
of the Uniform Business Report on
9/29/03. Enclosed is our check for
150⁰⁰ for the Renewal IF you have
ANY QUESTIONS please call us @ 941
270-0398

Thank You

Audrey S. Freshman
Audrey S Freshman