

FILED  
Apr 17, 2003 8:00 am  
Secretary of State

04-17-2003 90629 044 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000083376

1. Entity Name  
**LAW OFFICE OF JOHN HOLLOWAY, INC.**



Principal Place of Business  
**745 12TH AVENUE SOUTH  
SUITE B  
NAPLES, FL 34102**

Mailing Address  
**745 12TH AVENUE SOUTH  
SUITE B  
NAPLES, FL 34102**

2. Principal Place of Business  
**700 11TH ST. S.**

3. Mailing Address  
**700 11TH ST. S.**

Suite, Apt. #, etc.  
**STE. 202**

Suite, Apt. #, etc.  
**STE. 202**

City & State  
**NAPLES, FL**

City & State  
**NAPLES, FL**

Zip  
**34102-6777**

Country  
**USA**

Zip  
**34102-6777**

Country  
**USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**80-0005074**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HOLLOWAY, JOHN  
745 12TH AVENUE SOUTH  
SUITE B  
NAPLES, FL 34102**

7. Name and Address of New Registered Agent

Name  
**HOLLOWAY, JOHN**

Street Address (P.O. Box Number is Not Acceptable)  
**700 11TH ST. S., STE. 202**

City  
**NAPLES** FL Zip Code  
**34102-6777**

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

(NOTE: Registered Agent's 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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
HOLLOWAY, JOHN  
1100 5TH AVENUE SOUTH, STE 201  
NAPLES, FL 34102** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**PD  
HOLLOWAY, JOHN  
700 11TH ST. S., STE. 202  
NAPLES, FL 34102-6777** ☒ Change ☐ Addition

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

TITLE  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

Date

Daytime Phone #

CR2E034 (10/02)