## FILED May 06, 2003 8:00 am Secretary of State 04-21-2003 90503 004 \*\*\*150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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Secretary of S
04-21-2003 90503 004 \*\*\*

DOCUMENT # PO1000111740  The Holiday Bay Toding Company  The Holiday Bay Toding Company							
DO NOT WRITE IN THIS SPACE						55037978	
2. Principal Place of Business  Pone 3+ present  Suite, Apt. #, etc.		2516 Harriman Circle Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		Tallahasse, Fl.			4. FEI Number Applied For Not Applicable		7
Zip Country		-323080920 Country		<b>a</b>	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		]
DO NOT WRITE  IN THIS SPACE  7. Name and Address of Current Registered Agent  First Address (P.O. Box Number is Nat Acceptable)  2516 Harviman Circle							
8. The above named entity submits this statement for the purpose of charging 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. Indeed or provided registered agent sets title if applicable.  Signature. Indeed or provided registered agent sets title if applicable.  NOTE: Registered Agent signature required when remaining)  DATE:  January 1 - May 1 Fee Is \$150.00							
After Am Make Check Paya		·	Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be			
STREET ADDRESS	Director CSD. Helen B. Appleton 27/2 Cooles Gordens Edinburgh EH12 SLG UK		TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME				CRZE034B (12/02)
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TITLE MANE SIREET ADDRESS CITY-ST-ZIP			TITLE 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 turther 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 on an attachment with an address, with all other like empowered.							
SIGNATURE: MICHAEL DE LA LAPOLITA 15-Boul - 2003 0131 467 0645							