

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90179 037 ***150.00

DOCUMENT # P01000121395

1. Entity Name
HOLLY WINDOW & DOORS SPECIALTIES, INC.

Principal Place of Business

~~3611 KINGSWOOD DRIVE~~
~~SARASOTA FL 34232~~
4940 DOROTHY AVE
SARASOTA FL 34235

Mailing Address

~~3611 KINGSWOOD DRIVE~~
~~SARASOTA FL 34232~~
4940 DOROTHY AVE
SARASOTA FL 34235

2. Principal Place of Business

4940 DOROTHY AVE

3. Mailing Address

~~4940 DOROTHY AVE~~
~~SARASOTA FL 34235~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

~~SARASOTA FL~~

4. FEI Number

60-0000006

Applied For

Not Applicable

Zip

34235

Country

SARASOTA

Zip

~~34235~~

Country

~~FL~~

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~CATHERINE L. ASTRONSKAS, CPA, PA~~
~~3611 KINGSWOOD DRIVE~~
~~SARASOTA FL 34232~~
DAN PRUITT @ JACKSON HEWITT

7. Name and Address of New Registered Agent

Name **DAN PRUITT JACKSON HEWITT**
Street Address (P.O. Box Number is Not Acceptable)
5977 BENEVA RD S.
City **SARASOTA** **FL** **34233**

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.

SIGNATURE *Catherine L. Astronskas* *Dan Pruitt* *2-6-02*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D/1/5/1	<input type="checkbox"/> Delete
NAME	HOLLY, JAMES D	
STREET ADDRESS	3611 KINGSWOOD DRIVE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James David Holly*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **Daytime Phone #**

CR2E034 (9/01)