

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-17-2003 90114 018 ***150.00

DOCUMENT # P02000017557

1. Entity Name
HOLLOWAY CONTAINERS, INC.



Principal Place of Business
**2620 GRIFFIN RD.
LEESBURG FL 34748**

Mailing Address
**2620 GRIFFIN RD.
LEESBURG FL 34748**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0602750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BRONSTEIN, JOEL D ESQ
150 S. AVE N., STE. 1100
ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name **RUFUS M. HOLLOWAY JR**
Street Address (P.O. Box Number is Not Acceptable)
2620 GRIFFIN RD
City **LEESBURG** FL Zip Code **34748**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-14-03

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 **D** ☐ Delete
NAME **HOLLOWAY, RUFUS M JR**
STREET ADDRESS **99 W COLUMBIA ST.**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **D** ☐ Delete
NAME **HOLLOWAY, SCOTT W**
STREET ADDRESS **55 CAYUGA RD.**
CITY-ST-ZIP **SEA RANCH LAKES FL 33308**

TITLE **D** ☐ Delete
NAME **HOLLOWAY, MICHAEL M**
STREET ADDRESS **2620 GRIFFIN RD.**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **D** ☐ Delete
NAME **PROULX, GRANT**
STREET ADDRESS **810 MONTERREY DR.**
CITY-ST-ZIP **BEAUMONT TX 77708**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-03
Date

352 728 1365
Daytime Phone #

CR2E034 (10/02)