

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 05, 2003 8:00 am**  
**Secretary of State**

08-05-2003 90072 034 \*\*\*150.00

**DOCUMENT # P02000065221**

**1. Entity Name**  
**ROBERT HOLLMAN PA**



**Principal Place of Business**  
**2530 GARY CIR #502**  
**DUNEDIN FL 34698**

**Mailing Address**  
**2530 GARY CIR #502**  
**DUNEDIN FL 34698**

**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**

**74-3049449**

**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**

**7. Name and Address of New Registered Agent**

**HOLLMAN, ROBERT**  
**2530 GARY CIR #502**  
**DUNEDIN FL 34698**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

**City**

**FL**

**Zip Code**

**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**

*Robert Hollman PA*

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**

|                       |                           |                                 |
|-----------------------|---------------------------|---------------------------------|
| <b>TITLE</b>          | <b>D</b>                  | <input type="checkbox"/> Delete |
| <b>NAME</b>           | <b>HOLLMAN, ROBERT</b>    |                                 |
| <b>STREET ADDRESS</b> | <b>2530 GARY CIR #502</b> |                                 |
| <b>CITY-ST-ZIP</b>    | <b>DUNEDIN FL 34698</b>   |                                 |
| <b>TITLE</b>          | <b>D</b>                  | <input type="checkbox"/> Delete |
| <b>NAME</b>           | <b>HOLLMAN, KAREN</b>     |                                 |
| <b>STREET ADDRESS</b> | <b>2530 GARY CIR #502</b> |                                 |
| <b>CITY-ST-ZIP</b>    | <b>DUNEDIN FL 34698</b>   |                                 |
| <b>TITLE</b>          |                           | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                           |                                 |
| <b>STREET ADDRESS</b> |                           |                                 |
| <b>CITY-ST-ZIP</b>    |                           |                                 |
| <b>TITLE</b>          |                           | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                           |                                 |
| <b>STREET ADDRESS</b> |                           |                                 |
| <b>CITY-ST-ZIP</b>    |                           |                                 |
| <b>TITLE</b>          |                           | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                           |                                 |
| <b>STREET ADDRESS</b> |                           |                                 |
| <b>CITY-ST-ZIP</b>    |                           |                                 |

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

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

**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:**

*Robert Hollman PA*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*July 21, 2003*  
Date

Daytime Phone #

CR2E034 (4/03)



*Attachment*

80136117

DO2000065221

**ROBERT HOLLMAN**

PERSONAL SERVICE WITH SOMEONE YOU CAN TRUST!



July 21, 2003

Reference 2003 for Profit Corporation Uniform Business Report (UBR)  
Document # P02000065221

Dear Sirs:

Please be advised I have not received prior notice of this report.

This is a new S Corporation as of June 12, 2002. I have not received any notification as to the \$150.00 billing. Enclosed is my check and completed document.

Robert Hollman PA  
President of Corporation

**RE/MAX**® Mutual Realty

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Each Office Independently Owned and Operated

