FOR PROFIT CORPORATION SUSINESS REPORT (BR)

DOCUMENT # PO2000 \$52 65

1. Entity Name

Hollis Aggregate Transfer Inc.



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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Albumine, Businesis.	利達斯寶				-	7	7. Name a	and Address of Cur	rent Register	ed Age	nt
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8. The above	named entity ions of registe	submits this stateme	ent for the purpose of cha	anging its reg	gistered office or	registere	d agent,	or both, in the State	of Florida. I am	familiar	with, and accept
Ye obligati	ions of registe	red agent.	////	•				•	,		
SIGNATURIE	anature, yped o	r printed name of registered a	agent and title if applicable.	(NQTE: Re	egistered Agent signatu	re required w	when reinstati	ing)	DATE	7	-03
		y 1 Fee is \$150.00 Fee is \$550.00			-			Election Campaig	n Financing		¢ = 00 s
the second control of	Amended !	UBR is \$61.25						Trust Fund Contrib	~		\$5.00 May Be Added to Fees
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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 of 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.

TITLE

CITY-ST-ZIP

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PROMERVAME OF SIGNING OFFICER OR DIRECTOR

5/28/03 904 913-8164

CR2E034B (12/02)



Member NASD/SIPC/MSRB

Chris B. Palkowitsh

Financial Consultant

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