

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN 25 AM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000085260

1. Entity Name

Hollis Aggregate Transfer Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1288 Sanchez St SE

1288 Sanchez St SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1288 Sanchez St SE

City & State

City & State

Palm Bay FL

Palm Bay FL

Zip

Zip

32909

32909

4. FEI Number

52-2369633

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Sue Hollis

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

109 Patrick Mill Cir

City

Ponte Vedra Beach

FL

Zip Code

32082

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)

6-22-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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: President, Sec  
NAME: Sue Hollis  
STREET ADDRESS: 109 Patrick Mill Cir  
CITY-ST-ZIP: Ponte Vedra Beach FL 32082

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
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06/26/03--01058--008 \*\*150.00

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: Vice President, Treas.  
NAME: Gregory N. Hollis  
STREET ADDRESS: 1288 Sanchez St SE  
CITY-ST-ZIP: Palm Bay FL 32909

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/03 904 273-8164

Date

Daytime Phone #

CR2E034B (12/02)



**Financial  
West  
Group**

Member NASD/SIPC/MSRB

**Chris B. Palkowitsh**  
*Financial Consultant*

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