

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90280 026 ***150.00

DOCUMENT # *P03000091785*

1. Entity Name

Holiday Agency, Inc.



DO NOT WRITE IN THIS SPACE

44026975

2. Principal Place of Business

1351 Ohio Ave.

3. Mailing Address

1351 Ohio Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Dunedin, FL

City & State

Dunedin, FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip *34698*

Country

Pinellas

Zip

34698

Country

Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name *R.W. Smiley*

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

1351 Ohio Ave

City *Dunedin*

City *Dunedin*

FL

Zip Code

34698

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IN THIS SPACE**

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

R.W. Smiley - R.W. Smiley

4-7-04

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

(NOTE: Registered Agent signature required when reinstating)

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
NAME

P. R.W. Smiley
1351 Ohio Ave
DUNEDIN, FL 34698

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

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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 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:

R.W. Smiley - R.W. Smiley

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-04

CR2E034B (12/02)