

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000009354

1. Entity Name

HOLLYWOOD CONSTRUCTION INC.

Principal Place of Business

3003 STATE AVE  
PANAMA CITY FL 32405  
US

Mailing Address

3003 STATE AVE  
PANAMA CITY FL 32405-4329  
US

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

59-3157451

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDEN, LINDA P  
3003 STATE AVE.  
PANAMA CITY FL 32405

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
\*Tax filing requirement and elects to do so.  
(See criteria on back)

☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	GOLDEN, LINDA P	
STREET ADDRESS	3003 STATE AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	GOLDEN, RONNIE P	
STREET ADDRESS	3003 STATE AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MERTENS, THOMAS A	
STREET ADDRESS	168 S. SEMORAN BLVD.	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOWELL, ANN	
STREET ADDRESS	8514 FREEZE RD	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Golden, Linda P	
STREET ADDRESS	3003 State Ave	
CITY-ST-ZIP	PANAMA City, FL	
TITLE	PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Golden, Ronnie D	
STREET ADDRESS	3003 State Ave	
CITY-ST-ZIP	PANAMA City, FL	
TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mertens, Thomas A.	
STREET ADDRESS	168 S. Semoran Blvd.	
CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ronnie Golden President/Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 26, 2000 8:00 am  
Secretary of State

05-26-2000 90125 016 \*\*\*150.00

DO NOT WRITE IN THIS SPACE