

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000014750

1. Entity Name

HOLD ON AMERICA, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90038 034 ***150.00

Principal Place of Business 9721 EXECUTIVE CNTR DR N STE 209 ST PETERSBURG FL 33702-2439	Mailing Address 9721 EXECUTIVE CNTR DR N STE 209 ST PETERSBURG FL 33702-2405 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9720 Executive Ctr. Dr. N. Suite, Apt. #, etc. Ste 226 City & State St Petersburg FL 33702-2405 Zip 33702-2405	3. Mailing Address 9720 Executive Ctr. Dr. N. Suite, Apt. #, etc. Ste 226 City & State St Petersburg FL 33702-2405 Zip 33702-2405
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4. FEI Number 59-3153113	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOOD, LYLE R
9721 EXECUTIVE DR N
STE 209
ST PETERSBURG FL 33702

Name Wood, Lyle R.
Street Address (P.O. Box Number is Not Acceptable) 9720 Executive Ctr. Dr. N.
Ste 226
City St Petersburg FL Zip Code 33702-2405

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 Lyle R. Wood, President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-00

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	WOOD, LYLE R <input type="checkbox"/> Delete	TITLE PD	Wood, Lyle R <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9721 EXECUTIVE CNTR DR N		STREET ADDRESS 9720 Executive Ctr. Dr. N.	
ST-ZIP ST PETERSBURG FL		CITY-ST-ZIP St Petersburg FL 33702	
TITLE VSTD	SANCHEZ, NANCY J <input type="checkbox"/> Delete	TITLE VSTD	Sanchez, Nancy J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9721 EXECUTIVE CNTR DR N		STREET ADDRESS 9720 Executive Ctr. Dr. N.	
ST-ZIP ST PETERSBURG FL		CITY-ST-ZIP St Petersburg FL 33702	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lyle R. Wood, President

4-21-00
Date

727-579-4653
Daytime Phone #