

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90514 040 \*\*\*150.00

**DOCUMENT # P92000014750**



1. Entity Name  
**HOLD ON AMERICA, INC.**

Principal Place of Business  
**9720 EXECUTIVE CNTR DR N  
STE 226  
ST PETERSBURG FL 33702-2439  
US**

Mailing Address  
**9720 EXECUTIVE CNTR DR N  
STE 226  
ST PETERSBURG FL 33702-2439  
US**

11005511



2. Principal Place of Business  
**2109 Shady Point Lane**

3. Mailing Address  
**P.O. Box 703**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Brandon, FL**

City & State  
**Mango, FL**

4. FEI Number **59-3153113**

Applied For  
Not Applicable

Zip Country  
**33510 Hillsborough**

Zip Country  
**33550-0703 Hillsborough**

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**

**WOOD, LYLE R  
9720 EXECUTIVE CTR. DR. N.  
STE 226  
ST PETERSBURG FL 33702**

Name  
**Wood, Lyle R.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2109 Shady Point Lane**  
City  
**Brandon** FL Zip Code  
**33510**

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 **President**

DATE **4-17-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PD** ☐ Delete  
NAME **WOOD, LYLE R.**  
STREET ADDRESS **9720 EXECUTIVE CTR. DR. N.**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33702**

TITLE **PD** ☒ Change ☐ Addition  
NAME **WOOD, Lyle R.**  
STREET ADDRESS **2109 Shady Point Lane**  
CITY-ST-ZIP **Brandon, FL 33510**

TITLE **VSTD** ☐ Delete  
NAME **SANCHEZ, NANCY J**  
STREET ADDRESS **9720 EXECUTIVE CTR. DR. N.**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33702**

TITLE **VSTD** ☒ Change ☐ Addition  
NAME **SANCHEZ, Nancy J.**  
STREET ADDRESS **2109 Shady Point Lane**  
CITY-ST-ZIP **Brandon, FL 33510**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **President** **4-17-03** **727-579-4653**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)