

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2001 8:00 am
Secretary of State

05-15-2001 90032 040 ***150.00

0107842 AT

DOCUMENT # P93000011107

1. Entity Name
110 HOLLY AVE CORPORATION



Principal Place of Business P.O. BOX 280 FLAGLER BEACH FL 32136 US	Mailing Address P.O. BOX 280 FLAGLER BEACH FL 32136 US
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9903



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3166595		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	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					
SKLAR, HOWARD L 3400 JOHN ANDERSON DR ORMOND BCH FL 32176				Name SKLAR Howard					
				Street Address (P.O. Box Number is Not Acceptable) 3231 N. OCEANSHORE BLD					
				City FLAGLER BEACH		FL		Zip Code 32136	

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 Howard Sklar President DATE 7-7-01

Signature, typed or printed name of registered agent and title if applicable! (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SKLAR, HOWARD L			NAME	SKLAR HOWARD L		
STREET ADDRESS	3400 JOHN ANDERSON DR			STREET ADDRESS	3231 N. OCEANSHORE BLD		
CITY-ST-ZIP	ORMOND BCH FL 32176			CITY-ST-ZIP	FLAGLER BEACH FL 32136		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Howard Sklar President DATE 7-7-01 DAYTIME PHONE # 386 4454081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)