

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2001 8:00 am
Secretary of State

05-10-2001 90215 045 ***150.00

DOCUMENT # P93000049135

1. Entity Name

HOLIDAY SERVICES, INC.

Principal Place of Business

Mailing Address

2350-N 34TH STREET NORTH
 SUITE 130
 ST. PETERSBURG FL 33713
 US

2350-N 34TH STREET NORTH
 SUITE 130
 ST. PETERSBURG FL 33713
 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 **59-3189374**

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

DINICOLA, CAROLYN
2350-N 34TH ST N SUITE 130
ST PETERSBURG FL 33713

Name **RICHARD L. STEVENS**
 Street Address (P.O. Box Number is Not Acceptable)
2350-N 34TH STREET SUITE 130
 City **ST. PETERSBURG, FL** Zip Code **33713**

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 **RICHARD L. STEVENS**

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

(NOTE: Registered Agent's signature required when reinstating)

5/30/01
 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, 2001 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHEN, LETTY P	
STREET ADDRESS	4547 OLMSTEAD DRIVE	
CITY-ST-ZIP	HOFFMAN ESTATES IL 60195	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	LIN, LIHSIANG HSIE	
STREET ADDRESS	2976 ELYSIUM WAN	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WALLACE, CURTIS	
STREET ADDRESS	109 19TH ST.	
CITY-ST-ZIP	BELLEAIR BCH FL 33786	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD L. STEVENS	
STREET ADDRESS	19314 WIND DANCER ST.	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERESA CHANG	
STREET ADDRESS	10713 WINGATE DR.	
CITY-ST-ZIP	TAMPA, FL 33624	
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		
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:

RICHARD L. STEVENS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

(727) 321-6352

Daytime Phone #

CR2E034 (10/00)