

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000028520

1. Entity Name

B & K HOLLAND ENTERPRISES, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90244 038 ***150.00

Principal Place of Business

Mailing Address

B & K HOLLAND ENTERPRISES INC
5975-10 WILSON BLVD
JACKSONVILLE FL 32210
US

P O BOX 7357
JACKSONVILLE FL 32238-0357
US

2. Principal Place of Business

5975-10 Wilson Blvd
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 7357
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number 59-3258277

Applied For
Not Applicable

Zip 32210 Country US

Zip 32238 Country US

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

SMITH, KATRINA H
2529 HYDE PARK RD
JACKSONVILLE FL 32210

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	P	<input type="checkbox"/> Delete
NAME	SMITH, KATRINA H.	
STREET ADDRESS	2529 HYDE PARK RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOLLAND, BARBARA A.	
STREET ADDRESS	2529 HYDE PARK RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TCFO	<input type="checkbox"/> Delete
NAME	HOLLAND, ARLIE K.	
STREET ADDRESS	2529 HYDE PARK RD	
CITY-ST-ZIP	JACKSONVILLE FL	
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		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Julie K. Holland

ARLIE K. HOLLAND Sec-Treas

Apr 29, 00

904-771-6335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)