

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

08-04-2003 90151 031 \*\*\*150.00

000076000  
AV

**DOCUMENT # P94000061364**

1. Entity Name  
**R&B HOLLIDAY INTERIORS, INC.**



Principal Place of Business  
**1716 N. NORMANDY BLVD.  
DELTONA FL 32725**

Mailing Address  
**1716 N. NORMANDY BLVD.  
DELTONA FL 32725**



2. Principal Place of Business

**710 HAZEN RD**

Suite, Apt. #, etc.

3. Mailing Address

**710 HAZEN**

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

**DELTONA FL**

Zip  
**32720**

Country  
**USA**

City & State

**DELTONA FL**

Zip  
**32720**

Country  
**USA**

4. FEI Number **59-3282179**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, BARBARA  
2113 SAXON BLVD.  
DELTONA FL 32725**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**710 HAZEN RD**

City

**DELTONA**

FL

Zip Code

**32720**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JOHNSON, ROY E 1716 N. NORMANDY BLVD. DELTONA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P JOHNSON, BARBARA A 1716 N. NORMANDY BLVD. DELTONA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:** *Barbara Johnson* **Barbara Johnson** **7-29-03** **386-943-9500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment

Divisions of Corporations  
P.O. Box 6327  
Tallahassee FL 32314

80135820  
#P94000061364

Dear Sirs,

Recently I discovered we did not  
pay our annual fee, 201 Cal Profit R/R,  
for 2002.

We never received the form as we  
moved, we did notify the post  
office to forward our mail but  
did not receive the forms.

Enclosed is our check for \$150.00

New Address:  
710 HAZEN Rd  
DELAND FL 32720  
SAME FOR BUSINESS  
& RESIDENCE

Thank You  
R & B Hill Day Interiors Inc  
Roy Johnson