

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 11, 2001 8:00 am
Secretary of State**

01-11-2001 90036 038 ***150.00

00001963

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000019107			
1. Entity Name HOLLYWOOD'S SERVICES, INC.			
Principal Place of Business 4112 W. MARIETTA TAMPA FL 33616		Mailing Address 4112 W. MARIETTA TAMPA FL 33616	
2. Principal Place of Business 5220 S. LOIS AVE Suite, Apt. #, etc.		3. Mailing Address PO BOX 13183 Suite, Apt. #, etc.	
City & State TAMPA FL		City & State TAMPA FL	
Zip 33611	Country HILLS.	Zip 33681	Country HILLS.
6. Name and Address of Current Registered Agent MARTIN, ROBERT J 4112 W. MARIETTA TAMPA FL 33616			
7. Name and Address of New Registered Agent Name ROBERT J MARTIN Street Address (P.O. Box Number is Not Acceptable) 4108 W. MARIETTA ST City TAMPA FL Zip Code 33616			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN, ROBERT J 4112 W. MARIETTA TAMPA FL 33616 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4108 W. MARIETTA TAMPA FL 33616 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHEANEY, CAROL C 4112 W MARIETTA ST TAMPA FL 33616 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, S, T 4108 W. MARIETTA TAMPA FL 33616 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: ROBERT J MARTIN		Date 1-3-01 Daytime Phone # (813) 831-0684	

CR2E034 (10/00)