

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90008 036 \*\*\*150.00

**DOCUMENT # P95000077158**

**1. Entity Name**  
**HOLLANDS INSTALLATIONS, INC.**

**Principal Place of Business**

**638 PALM AVENUE**  
**GOODLAND FL 34140**  
**US**

**Mailing Address**

**POST OFFICE BOX 191**  
**GOODLAND FL 34140**  
**US**

**2. Principal Place of Business**

**16219 W. RIVER ROAD**

Suite, Apt. #, etc. \_ \_

**3. Mailing Address**

**16219 W. RIVER RD**

Suite, Apt. #, etc. \_ \_

**City & State**

**INGLIS FL**

**City & State**

**INGLIS, FL**

**Zip**

**34449**

**Country**

**CITRUS**

**Zip**

**34449**

**Country**

**CITRUS**

**4. FEI Number**

**65-0613219**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HOLLAND, LARRY**

**638 PALM AVE**

**GOODLAND FL 34140**

**7. Name and Address of New Registered Agent**

**Name LARRY HOLLAND**

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

**16219 W. RIVER ROAD**

**City**

**INGLIS**

**FL**

**Zip Code**

**34449**

**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**

*Larry B Holland*

**LARRY B. HOLLAND DIRECTOR**

**1/15/02**

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, 2002 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** **PSTD** ☐ Delete  
**NAME** **HOLLAND, VIVIAN A**  
**STREET ADDRESS** **638 PALM AVENUE**  
**CITY-ST-ZIP** **GOODLAND FL 34140**

**TITLE** **D** ☐ Delete  
**NAME** **HOLLAND, LARRY B**  
**STREET ADDRESS** **638 PALM AVENUE**  
**CITY-ST-ZIP** **GOODLAND FL 34140**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PSTD** ☒ Change ☐ Addition  
**NAME** **HOLLAND, VIVIAN A.** **ADDRESS**  
**STREET ADDRESS** **16219 W. RIVER RD.**  
**CITY-ST-ZIP** **INGLIS, FL 34449**

**TITLE** **D** ☒ Change ☐ Addition  
**NAME** **HOLLAND, LARRY B** **ADDRESS**  
**STREET ADDRESS** **16219 W. RIVER RD.**  
**CITY-ST-ZIP** **INGLIS, FL 34449**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ 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:**

*Vivian A Holland*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**1/15/02**

Date

**352 447 0113**

Daytime Phone #

CR2E034 (9/01)