

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90888 041 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000002628 ✓

1. Entity Name

GARY L. HOLLAND, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1515 US Hwy 1

Suite, Apt. #, etc.

Suite 201

City & State

Sebastian, FL 32958

Zip

Country

32958

US

3. Mailing Address

1515 US Hwy 1

Suite, Apt. #, etc.

Suite 201

City & State

Sebastian, FL 32958

Zip

Country

32958

US

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4. FEI Number

59-3390943

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GARY L. HOLLAND, Esquire

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

1515 US Hwy 1

Suite 201

City

Sebastian

FL

Zip Code

32958

**DO NOT WRITE
IN THIS SPACE**

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]

GARY L. HOLLAND

(NOTE: Registered Agent signature required when reinstating)

April 29, 2002

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐

(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
Director & President
Gary L. Holland
1515 US Hwy 1, Suite 201
Sebastian, FL 32958

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary L. Holland, President

4/29/02 772-589-8191

Date

Daytime Phone #

CR2E034B (12/01)