2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P97000104352

1. Entity Name

THE HOLT GROUP, INC.



Feb 10, 2003 8:00 am Secretary of State **FILED**

02-10-2003 90455 007 ***150.00

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Principal Place of Business 451 MELROSE AVENUE		Mailing Address 451 MELROSE AVENUE									
WINTER PARK FL 32789 WINTER PARK FL 32789								i 1861:1861 :18 18:11 1981: Whith Belly Bridge (1811 28:11)		I AJIJA J IA I J AA I	
2. Principal Place of Business		3. Mailing Address				Ì			D1808 1118	1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & State		City & State				4. Fi	59-3492444		Applied For Not Applicable	.	
Zip Country		Zip	Zip Coun				5. Certificate of Status Desired S8.75 Additional Fee Required				1
	6. Name and Address of Current	Register	ed Agent				7. Na	ame and Address of New Registered Ag			₫.
TUOLT OF	JADI TO A			-	Name		-	and the second s			7
HOLT, CHARLES A 451 MELROSE AVENUE					Street Address (P.O. Box Number is Not Acceptable)						1
WINTER PARK FL 32789					*			1-000 to 1			-
_					City			FL	Zip Co	de	-
8. The above	named entity submits this statement for	r the nurr	nose of changing its re	enisten	ed office or	renisterer	d ane	nt, or both, in the State of Florida. I am fam	iliar with	and accept	-
the obliga	tions of registered agent.	THO PULL	or or ariging no n	59,010.	Da omee o	ogistorot	ugu		1111CH 44111	, and accept	
SIGNATURE		بر حر 	-					<u> - ين </u>			
	Signature, typed or printed name of registered agent	and title if app	olicable. (NOTE:	Registere	d Agent signatur	e required w	hen rein	stating) DATE	·		╛
	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00		-					9. Election Campaign Financing	\$5.0	00 May Be	
	k Payable to Florida Department of	State						Trust Fund Contribution.	Ådde	d to Fees	
10.	OFFICERS AND	DIRECTO	DRS	11.			ADD	ITIONS/CHANGES TO OFFICERS AND DI	RECTOR	RS IN 11	-
TITLE	D		☐ Delete	TITLE					Change	Addition	3
NAME STREET ADDRESS	HOLT, TERI V 451 MELROSE AVENUE			NAM	ET ADDRESS						2
CITY-ST-ZIP	WINTER PARK FL 32789				-ST-ZIP						2
TITLE	D		☐ Delete	TITLE	:] Change	Addition	- 6
NAME	HOLT, CHARLES A			NAM	- I						
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NAME				NAME					-		
STREET ADDRESS CITY-ST-ZIP				B .	ET ADDRESS						
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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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

407-645 3644

☐ Change

☐ Change

Addition

☐ Addition