

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000008834**

1. Entity Name

**JERRY A. HOLLOWAY, P.A.****FILED****Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90028 007 \*\*\*150.00

Principal Place of Business

**PO BOX 7582**  
**NAPLES FL 34102**

Mailing Address

**PO BOX 7582**  
**NAPLES FL 34102**

2. Principal Place of Business

**375 5th Ave S.**

3. Mailing Address

**P.O. Box 7582**

Suite, Apt. #, etc.

**Suite 202**

Suite, Apt. #, etc.

City &amp; State

**Naples FL**

City &amp; State

**Naples FL**

Zip

Country

**34102 Collier**

Zip

Country

**34101 Collier**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3487337**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLLOWAY, JERRY A**  
**3411 TAMIAMIA TRAIL N.**  
**NAPLES FL 34103**

Name

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

City

**FL**

Zip Code

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, 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **HOLLOWAY, JERRY A**  
STREET ADDRESS **PO BOX 7582**  
CITY-ST-ZIP **NAPLES FL 34102**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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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:

**Jerry Holloway** **Jerry Holloway** **4-16-01**

Date

Daytime Phone #

**941-**  
**404 6900**

CR2E034 (10/00)