

2000 UNIFORM BUSINESS REPORT (UBR)

5/11/00-90284-043-\$150.00-\$150.00

DOCUMENT # P99000018804

1. Entity Name

SHARON D. HOLLOWAY ENTERPRISES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -9 PM 3:39

Principal Place of Business

5134 VERDIS ST.
MANDARIN FL 32258

Mailing Address

5134 VERDIS ST.
MANDARIN FL 32257-7678

2. Principal Place of Business

11432 SEA FURY WAY

3. Mailing Address

11432 SEA FURY WAY

City & State

JACKSONVILLE, FL.

City & State

JACKSONVILLE, Florida

4. FEI Number

59-3563513

Applied For

Not Applicable

Zip

32223

Country

FLORIDA

Zip

32223

Country

FLORIDA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLLOWAY, SHARON D
5134 VERDIS ST.
MANDARIN FL 32258

HOLLOWAY, SHARON D.

7. Name and Address of New Registered Agent

Name

SHARON D. HOLLOWAY

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

11432 SEA FURY WAY
JACKSONVILLE, FL. 32223

11432 SEA FURY WAY
JACKSONVILLE FL 32223

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

SHARON D. HOLLOWAY, SHARON D. HOLLOWAY, Resident April 24, 2000

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, 2000 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Resident SHARON D. HOLLOWAY
STREET ADDRESS	11432 SEA FURY WAY
CITY-ST-ZIP	JACKSONVILLE, FL. 32223
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 2000 (904) 262-3130

CR2E034 (9/99)