

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018804

1. Entity Name
SHARON D. HOLLOWAY ENTERPRISES, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90126 012 ***150.00

Principal Place of Business Mailing Address
11432 SEA FURY WAY 11432 SEA FURY WAY
JACKSONVILLE FL 32223 JACKSONVILLE FL 32223

2. Principal Place of Business 3. Mailing Address
11432 SeaFury Way 11432 SeaFury Way
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
JACKSONVILLE, FL. JACKSONVILLE, FL.
Zip Country Zip Country
32223 DUVAL 32223 DUVAL

4. FEI Number **59-3563513** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOLLOWAY, SHARON D
11432 SEA FURY WAY
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name **SHARON D. HOLLOWAY-ALBERT**
Street Address (P.O. Box Number is Not Acceptable)
11432 Sea Fury Way
City **JACKSONVILLE** FL Zip Code **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-Albert President** DATE **April 20, 2001**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALLOWAY, SHARON D 11432 SEA FURY WAY JACKSONVILLE FL 32223	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHARON D. ALBERT 11432 SEA FURY WAY JACKSONVILLE, FL. 32223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JAMES C. ALBERT 11432 SEA FURY WAY JACKSONVILLE, FL. 32223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Sharon D. Holloway-Albert** DATE **April 20, 2001** (904)268-0035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (10/00)

#7,

Addition

James C. Albert
11432 Sea Fury Way
JACKSONVILLE, FL. 32223
(904) 262-4584

Attachment
P99000018804

D0045259