

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041835

1. Entity Name

HOLIDAY ROD & REELS, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90045 029 ***150.00

Principal Place of Business

Mailing Address

~~180 RACE TRACK RD. #E 6,7,8~~
~~OLDSMAR FL 34677~~

P.O. BOX 202
OLDSMAR FL 34677-0202

2. Principal Place of Business

3. Mailing Address

3691 St Rd 580 West PO Box 202

Suite, Apt. #, etc.

Suite, Apt. #, etc.

D

City & State

City & State

OLDSMAR, FL

OLDSMAR, FL

Zip 34677

Country USA

Zip 34677

Country USA

4. FEI Number

59-3572013

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

KNIFE, GUY M
180 RACE TRACK RD. #E 6,7,8
OLDSMAR FL 34677

Name

Guy M. Knife

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

3691 St Rd 580 West
Unit D

City

OLDSMAR

FL

Zip Code

34677

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

Guy M. Knife

Guy M. Knife

4-10-00

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, 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

12. PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME KNIFE, GUY M
STREET ADDRESS 180 RACE TRACK RD. #E 6,7,8
CITY-ST-ZIP OLDSMAR FL 34677 ☐ Delete

TITLE PD
NAME KNIFE, GUY M.
STREET ADDRESS 3691 St Rd 580 West Unit D
CITY-ST-ZIP OLDSMAR, FL 34677 ☒ Change ☐ Addition

TITLE VD
NAME MCMILLON, TERRY L
STREET ADDRESS 180 RACE TRACK RD. #E 6,7,8
CITY-ST-ZIP OLDSMAR FL 34677 ☐ Delete

TITLE
NAME MCMILLON, TERRY L.
STREET ADDRESS SAME AS ABOVE
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE TSD
NAME KNIFE, PENNY M
STREET ADDRESS 180 RACE TRACK RD. #E 6,7,8
CITY-ST-ZIP OLDSMAR FL 34677 ☐ Delete

TITLE TSD
NAME KNIFE, PENNY M.
STREET ADDRESS SAME AS ABOVE
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Guy M. Knife

4-10-00

813-814-1966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)