


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90103 032 ***150.00

0018472 AV

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| DOCUMENT # P99000102459 |  |
| 1. Entity Name HOLLAND HOSPITALITY, INC. | |

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| Principal Place of Business 141 S. ATLANTIC AVE DAYTONA BEACH FL 32118 | Mailing Address 1982 STATE ROAD 44 359 NEW SMYRNA BEACH FL 32168 |
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| 2. Principal Place of Business 12050 STATE Rd. 24 | 3. Mailing Address P.O. Box 306 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|--------------------------------------|--------------------------------------|
| City & State Cedar Key, FL | City & State Cedar Key, FL |
| Zip 32625 | Zip 32625 |
| Country | Country |



☐ CHECK HERE IF MAKING CHANGES

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| 4. FEI Number 59-3609739 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HOLLAND, DANIEL 1982 STATE ROAD 44 359 NEW SMYRNA BEACH FL 32168 | |
| 7. Name and Address of New Registered Agent Name DANIEL HOLLAND Street Address (P.O. Box Number is Not Acceptable) 12050 STATE ROAD 24 City CEDAR KEY FL 32625 | |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOLLAND, DANIEL 1982 STATE RD 44 359 NEW SMYRNA BEACH FL 32168 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOLLAND, DANIEL 12050 STATE ROAD 24 CEDAR KEY, FL 32625 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOLLAND, SUSANNE 1982 STATE ROAD 44 359 NEW SMYRNA BEACH FL 32168 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOLLAND, SUSANNE 12050 STATE ROAD 24 CEDAR KEY, FL 32625 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (10/02)