

ORIGINAL

TALLAHASSEE  
Suite 200  
1500 Mahan Drive  
Tallahassee, Florida 32308  
(850) 224-4070 Tel  
(850) 224-4073 Fax

Nabors  
Giblin &  
Nickerson P.A.  
ATTORNEYS AT LAW  
DISTRIBUTION CENTER  
MAY 30 AM 7:42

TAMPA  
The Pointe, Suite 1060  
2502 Rocky Point Drive  
Tampa, Florida 33607  
(813) 281-2222 Tel  
(813) 281-0129 Fax

May 26, 2006

RECEIVED-EPSC  
MAY 30 AM 8:57  
COMMISSION  
CLERK

By Electronic And Regular Mail

Blanca Bayo, Director  
Division of the Commission Clerk & Administrative Services  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850

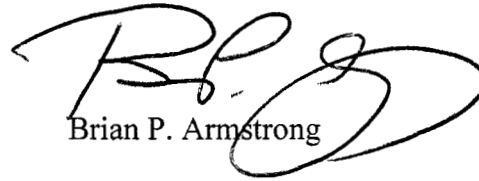
Re: Docket No. 030458-WU: Amended And Restated Application For Transfer Of Majority Organizational Control And Amendment To Certificate

Dear Ms. Bayo:


Enclosed for filing in this docket is a copy of the fictitious name certificate to be filed by Holiday in the above referenced docket. Please do not hesitate to call me if there is any question regarding this document. This filing is made pursuant to the requirement stated in Commission Order No. PSC-06-0380-FOF-WU issued May 8, 2006. Please date stamp and return to me the copy of this letter in the enclosed postage prepaid, self addressed envelope provided herewith.

- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- RCA \_\_\_\_\_
- SCR \_\_\_\_\_
- SGA \_\_\_\_\_
- SEC   1

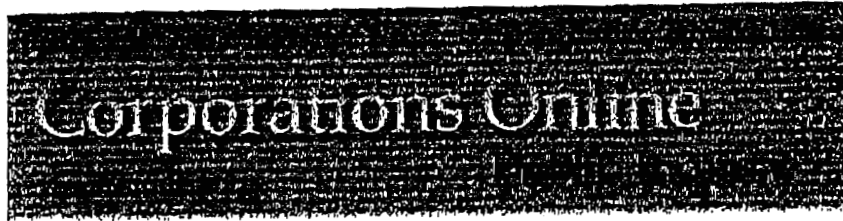
Very truly yours,

  
Brian P. Armstrong

OTH Kim P.  
Nonnye  
cc: Joe Richards

RECEIVED & FILED  
  
EPSC-BUREAU OF RECORDS

DOCUMENT NUMBER-DATE  
04654 MAY 30 08  
FPSC-COMMISSION CLERK



**HOLIDAY UTILITIES**

P.O. BOX 398  
NEW PORT RICHEY, FL

**Document Number**  
G04138700159

**Status**  
ACTIVE

**Date Filed**  
05/17/2004

**Expiration Date**  
12/31/2009

**Current Owners**  
000000002

**County**  
PASCO

**Total Pages**  
000000001

**Events Filed**  
000000000

**FEI Number**  
NONE

**No Filing History**

[Previous on List](#)

[Return to Name List](#)

[Next on List](#)

**Owner Information**

Name & Address	FEI Number	Charter Number
HOLIDAY UTILITY COMPANY, INC. P.O. BOX 398 NEW PORT RICHEY, FL	20-0008821	349899
HOLIDAY WATERWORKS CORPORATION P.O. BOX 398 NEW PORT RICHEY, FL	20-0040769	P03000043708

**Document Images**

Listed below are the images available for this filing.

G04138700159 -- 05/17/2004 -- REGISTRATION
--

**THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT**



**SECTION FOR REGISTRATION OF FICTITIOUS NAME**

Acknowledgments/certificates will be sent to the address in Section 1 only.

Section 1

1. **Holiday Utilities**  
 Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")  
PO Box 398

---

Mailing Address of Business  
New Port Richey, Florida

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Florida County of principal place of business: \_\_\_\_\_  
Pasco  
(see instructions if more than one county)

4. FEI Number: N/A

This space for office use only

Section 2

**A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):**

1. _____ Last First M.I. Address _____ City State Zip Code	2. _____ Last First M.I. Address _____ City State Zip Code
---	---

**B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):**

1. <u>Holiday Utility Company, Inc.</u> Entity Name <u>PO Box 398</u> Address <u>New Port Richey, FL 3</u> City State Zip Code Florida Registration Number <u>349899</u> FEI Number: <u>20-0008821</u> <input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable	2. <u>Holiday Waterworks Corporation</u> Entity Name <u>PO Box 398</u> Address <u>New Port Richey, FL</u> City State Zip Code Florida Registration Number <u>P03000043708</u> FEI Number: <u>20-0040769</u> <input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable
---	--

Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

 Signature of Owner Date <u>5/13/07</u> Phone Number: <u>727-919-0408</u>	 Signature of Owner Date <u>5/13/07</u> Phone Number: <u>727-919-0408</u>
---	--

CRME001B (V02)

Section 4

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:  
 FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we) the undersigned, hereby cancel the fictitious name \_\_\_\_\_  
 \_\_\_\_\_, which was registered on \_\_\_\_\_ and was assigned  
 registration number \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner Date

\_\_\_\_\_  
Signature of Owner Date

Mark the applicable boxes  Certificate of Status — \$10  Certified Copy — \$30  
**FILING FEE: \$50**