

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90067 001 ****61.25

DOCUMENT # 764106

1. Entity Name

SEM-HO HOLDING CORPORATION, INC.

Principal Place of Business

Mailing Address

PO BOX 16566
W. PALM BEACH FL 33416
US

PO BOX 16566
W. PALM BEACH FL 33416
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7535625

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

DAVIS, JAMES R
6307 WHITE SABLE PALM LN
LAKE WORTH FL 33463

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **DAVIS, JAMES R**
CITY-ST-ZIP **6307 WHITE SABLE PALM LN**
GREEN ACRES FL 33463

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

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **MANNIN, J. MITCHELL**
CITY-ST-ZIP **6310 GLENTREE LN**
LAKE WORTH FL 33463

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **6319 LAKE MOUNT DR**
CITY-ST-ZIP **GREEN ACRES FL 33463**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CLEVELAND, STANLEY**
CITY-ST-ZIP **8320 FRESH CREEK**
WEST PALM BEACH FL 33411

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **GEORGE WIGGINS**
CITY-ST-ZIP **11513 TANGERINE BLVD**
WEST PALM BEACH FL 33412

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DICKMAN, WESLEY P**
CITY-ST-ZIP **7214 E OAKRIDGE CIR #23**
LANTANA FL 33462

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 617, 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:

JAMES R. DAVIS
JAMES R. DAVIS

2-16-02

561-964-9213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)