SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Jan 29, 2002 8:00 am Secretary of State P95000023571 DOCUMENT # 1. Entity Name JOANNE C HOLT, P.A., C.P.A. 01-29-2002 90039 028 \*\*\*150 00 Principal Place of Business Mailing Address 2069 FIRST STREET 2069 FIRST STREET SUITE 301 SUITE 301 FT. MYERS FL 33901 FT. MYERS FL 33901 2. Principal Place of Business 3. Mailing Address 2077 2077 Hirst >treet F:Street Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0568594 FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee.Bequired\_ ee 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOLT, JOANNE Street Address (P.O. Box Number is Not Acceptable) **5713 SANDPIPER PLACE** FT. MYERS FL 33919 Zip Code 8. The above named entity submits th se of clranging its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of regis (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12, TITLE ☐ Delete TITLE ☐ Change ☐ Addition HOLT, JOANNE NAME NAME **5713 SANDPIPER PLACE** STREET ADDRESS STREET ADDRESS FT. MYERS FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY STATIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 leport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental report is true and accurate and that of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an addless, with all other like empowered