## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 15, 2002 8:00 am Secretary of State DOCUMENT # 199996 1. Entity Name HOLSTEIN, CHURCH & PICKERING, INC. 05-15-2002 90120 014 \*\*\*150.00 Principal Place of Business Mailing Address 723 NORTH BAY ST 723 NORTH BAY ST P.O. DRAWER 1450 P.O. DRAWER 1450 EUSTIS FL 32727 **EUSTIS FL 32727** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0796968 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHURCH, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 626 OHIO BOULEVARD P.O. DRAWER 1450 EUSTIS FL 32727 City 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition NAME CHURCH, WILLIAM J. NAME STREET ADDRESS 626 OHIO BLVD. STREET ADDRESS CITY-ST-7IP **EUSTIS FL** CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME JACOBS, MARIAN W. NAME STREET ADDRESS 507 DEIDRICH STREET ADDRESS CITY-ST-ZIP **EUSTIS FL** CITY-ST-ZIP .. TITLE SD Delete TITLE ☐ Change ☐ Addition NAME WILSON, JACK R. NAME STREET ADDRESS 2361 RUTH AVE. STREET ADDRESS CITY-ST-ZIP **EUSTIS FL** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIT! F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

COWIELIAM J. CHURCH 4-26-02 (352)

13. Thereby 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 exacute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if