

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 256300

1. Entity Name

JACQUELINE HOLMES & ASSOCIATES, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90062 033 ***150.00

Principal Place of Business

Mailing Address

1253 SOUTHSORE DR
ORANGE PARK FL 32073

1253 SOUTHSORE DR
ORANGE PARK FL 32073-7014

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 59-1010706

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLMES, JACQUELINE B
1253 SOUTHSORE DR
ORANGE PARK FL 32073

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME HOLMES, JACQUELINE B
STREET ADDRESS 1253 SOUTHSORE DR
CITY-ST-ZIP ORANGE PARK, FL 00000 ☐ Delete

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

TITLE D
NAME DRAKE, ELIZABETH B. M.
STREET ADDRESS 31 RUSSELL ST.
CITY-ST-ZIP WINOOSKI, VT ☐ Delete

TITLE D
NAME DRAKE, ELIZABETH B. M.
STREET ADDRESS 821 Osgood Hill Road
CITY-ST-ZIP Westford VT 05444 ☒ Change ☐ Addition

TITLE D
NAME PINCKNEY, HELEN C.
STREET ADDRESS 3014 FOREST PARK RD.
CITY-ST-ZIP CHARLOTTE NC ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/00

Date

904-269-2014

Daytime Phone #