

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 256300

1. Entity Name
JACQUELINE HOLMES & ASSOCIATES, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90070 027 ***150.00

Principal Place of Business
1253 SOUTHSORE DR
ORANGE PARK FL 32073

Mailing Address
1253 SOUTHSORE DR
ORANGE PARK FL 32073

2. Principal Place of Business
1560 Sandy Springs DR
Suite, Apt. #, etc.

3. Mailing Address
1560 Sandy Springs DR
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Orange Park FL
Zip
32003

City & State
Orange Park FL
Zip
32003

4. FEI Number 59-1010706

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

HOLMES, JACQUELINE B
1253 SOUTHSORE DR
ORANGE PARK FL 32073

New Address
1560 Sandy Springs
Orange Park FL
32003

Name
Street Address (P.O. Box Number is Not Acceptable)
DR
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 _____ (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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD HOLMES, JACQUELINE B 1253 SOUTHSORE DR ORANGE PARK, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRAKE, ELIZABETH B. M. 821 OSGOOD HILL ROAD WESTFORD VT 05494	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINCKNEY, HELEN C. 3014 FOREST PARK RD. CHARLOTTE NC	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jacqueline Holmes 1560 Sandy Springs Drive Orange Park FL 32003	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

4-11-01 904-269-2014

CR2E034 (10/00)