

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90147 012 ***150.00

DOCUMENT # **283700**

1. Entity Name

JOHN HOLMES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4761 PARNELL ROAD

3. Mailing Address
4761 PARNELL ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ZOLFO SPRINGS, FL

City & State
ZOLFO SPRINGS, FL

4. FEI Number

59-1055485

Applied For
Not Applicable

Zip
33890

Country

Zip
33890

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOHN J. MERCURIO

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

713 S. ORANGE AVE.

City

SARASOTA

FL

Zip Code
34236

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PRESIDENT	JOHN HOLMES	4761 PARNELL RD.	ZOLFO SPRINGS, FL 33890
SEC/TREASURER	JOHN MERCURIO	713 S. ORANGE AVE.	SARASOTA, FL 34236

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IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/01/03 **863-735-1348**
Date Daytime Phone #

CR2E034B (12/02)