

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 431066

1. Entity Name

MICHAEL HOLMAN, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90043 017 ***150.00

Principal Place of Business

Mailing Address

~~406 NORTH BAY DRIVE~~

~~LIZELLA GA 31052~~

US

9751 Lower Thomaston Rd

~~406 NORTH BAY DRIVE~~

~~LIZELLA GA 31220-0312~~

US

9751 Lower Thomaston Rd

2. Principal Place of Business

9751 Lower Thomaston Rd.

Suite, Apt. #, etc.

3. Mailing Address

9751 Lower Thomaston Rd.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MACON, GA

City & State
MACON, GA

4. FEI Number 59-1509839

Applied For

Not Applicable

Zip
31220

Country
us

Zip
31220

Country
us

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

HOLMAN, MICHAEL C
4241 BAYMEADOWS ROAD
SUITE 5
JACKSONVILLE FL 32247

Michael C. Holman

9751 Lower Thomaston Rd

1615 Conway Garden Rd

Orlando

FL 32806

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: *Michael C. Holman*

(NOTE: Registered Agent signature required when reinstating)

DATE

2-11-00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HOLMAN, MICHAEL 406 NORTH BAY DRIVE LIZELLA GA 31052	<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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	9751 Lower Thomaston Rd Macon, Ga 31220	<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: *X S. M. T. U. R. E. R. E. Q. U. I. R. E. D.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-11-00

CR2E034 (9/99)