2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # F98000006289

1. Entity Name

R J R HOLMES CONSTRUCTION COMPANY, INC.



FILED Feb 27, 2003 8:00 am Secretary of State

02-27-2003 90113 011 ***150.00

			SO WE IN	2		
Principal Place of Business 5120 VIRGINA WAY SUITE B-11 BRENTWOOD TN 37027-7515		Mailing Address 5120 VIRGINA WAY SUITE B-11 BRENTWOOD TN 37027-7515		I (SPISS III) (SIE) INIII DOM ONG TOUR	90037190	
2. Principal	Place of Business	3. Mailing Address				
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.	<u>.</u>	☐ CHECK HERE IF MA	KING CHANGES	
City & State		City & State		4. FEI Number 62-1304737	Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registe		
11011150	and the same of th	The State of the S	Name.	Thank and Address of New Registe		
HOLMES, 385 BUSI	. WAYNE 1 HILL COURT		Street Addre	ess (P.O. Box Number is Not Acceptable)		
LAKEMAR	RY FL 32746					
			City	•	FL Zip Code	
the obliga	e named entity submits this statement for tions of registered agent.	or the purpose of changing i	ts registered office or regi	istered agent, or both, in the State of Florida. I	am familiar with, and accep	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signature req	Nijirad when reinstation)	VIE	
Aftê	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o			9. Election Campaign Financing Trust Fund Contribution.		
10.	OFFICERS AND	Į.	11.	ADDITIONS (SUMMED TO STREET		
TITLE	PCD	Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS		
NAME	HOLMES, RONALD E	C Delete	NAME		☐ Change ☐ Additio	
STREET ADDRESS	5120 VIRGINA WAY SUITE B-11		STREET ADDRESS			
CITY-ST-ZIP	BRENTWOOD TN 37027-7515		CITY-ST-ZIP			
TITLE	TSD	☐ Delete	TITLE		☐ Change ☐ Additio	
NAME	HOLMES, RAMONA		NAME		Change Addraw	
STREET ADDRESS	5120 VIRGINA WAY SUITE B-11		STREET ADDRESS			
CITY-ST-ZIP	BRENTWOOD TN 37027-7515		CITY-ST-ZIP			
TITLE	_ ,	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS		راما الموسودة ما ما	NAME:			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS			
			CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE		Change Addition	
STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE	- 17	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME		Change Addition	
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		•	

12. I hereby 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: