2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F99352

Entity Name: HOLMAN IMPORTS, INC.

FILED Jan 24, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 911 NE 2ND AVE FT. LAUDERDALE, FL 33304 LIS **Current Mailing Address: New Mailing Address:** 911 NE 2ND AVE FT. LAUDERDALE, FL 33304 US FEI Number: 59-2226613 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GARDNER, GLENN 911 N.E. SECOND AVE. FT. LAUDERDALE, FL 33304 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DCM () Delete Title: (X) Change () Addition HOLMAN, JS, Name: Name: HOLMAN, JS, 911 N E 2ND AVE 7411 MAPLE AVENUE Address: Address: City-St-Zip: FT LAUDERDALE, FL 33304 City-St-Zip: PENNSAUKEN, NJ 08109 US Title: DP Title: DS () Delete (X) Change () Addition GARDNER, GLENN Name: REIF, D.S. Name: 911 N E 2ND AVE 911 N E 2ND AVE Address: Address: FT LAUDERDALE, FL 33304 FT LAUDERDALE, FL 33304 US City-St-Zip: City-St-Zip: Title: (X) Change () Addition Title: AS () Delete AS MULLIN, KATHY A MULLIN, KATHY A Name: Name: 911 NE 2ND AVE. 7411 MAPLE AVENUE Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33304 City-St-Zip: PENNSAUKEN, NJ 08109 US Title: () Delete Title: () Change (X) Addition DAGLIAN, ROBERT W Name: Name: Address: Address: 1836 GALLOP DRIVE City-St-Zip: City-St-Zip: LOXAHATCHEE, FL 33470 US Title: Title: () Change (X) Addition () Delete CARISS, WILLIAM J Name: Name: Address: Address: 7411 MAPLE AVENUE PENNSAUKEN, NJ 08109 US City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition MARLOWE, DANIEL B Name: Name: 6425 NW 43RD TERRACE Address: Address: City-St-Zip: City-St-Zip: BOCA RATON, FL 33496 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN GARDNER DP 01/24/2003