

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G65727

1. Entity Name

D.B. HOLMES CONSTRUCTION CO., INC.

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90035 031 \*\*\*150.00

Principal Place of Business

Mailing Address

213 CESSNA BOULEVARD  
DAYTONA BEACH FL 32124

213 CESSNA BOULEVARD  
DAYTONA BEACH FL 32124-6860

2. Principal Place of Business

3. Mailing Address

205-2 CESSNA BLVD  
Suite, Apt. #, etc.

205-2 CESSNA BLVD  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

DAYTONA BEACH, FL

DAYTONA BEACH, FL

4. FEI Number

59-2372453

Applied For

Not Applicable

Zip

Country

32124

FLORIDA

Zip

Country

32124

FLORIDA

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

LEA, BERNIECE M

205-2 CESSNA BOULEVARD  
2 DAYTONA BEACH 32124

(205-2)

Name

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

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

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

(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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME  
ST LEA, BERNIECE M  
213 CESSNA BOULEVARD  
DAYTONA BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
P LONG, DENNIS L.  
213 CESSNA BOULEVARD  
DAYTONA BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Berniece M. Lea*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/00 904-767-4906

CR2E034 (9/99)