

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # H69200

Entity Name

SHERLOCK HOMES INC.

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

03-24-2000 90088 015 \*\*\*150.00

Principal Place of Business

960 ROSEA COURT  
NAPLES FL 34104

Mailing Address

960 ROSEA COURT  
NAPLES FL 34104-4472  
US

629536



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59-2687988

Applied For

Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MIRELES, MICHELLE FERRICE  
41 GROSBEAK LANE  
NAPLES FL 33962

## 7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 title 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 May Be Added to Fees**

## 1. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MIRELES, EMILIO	
STREET ADDRESS	41 GROSBEAK LN.	
CITY - ST - ZIP	NAPLES FL	
TITLE	PDM	<input type="checkbox"/> Delete
NAME	BOUTILIER, FERRIL	
STREET ADDRESS	405 GRANADA	
CITY - ST - ZIP	NAPLES FL	
TITLE	VST	<input type="checkbox"/> Delete
NAME	BOUTILIER, JAMES	
STREET ADDRESS	4619 ROBIN AVE	
CITY - ST - ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOUTILIER, JAMES	
STREET ADDRESS	4619 ROBIN AVE.	
CITY - ST - ZIP	NAPLES FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	BOUTILIER, FERRIL	
STREET ADDRESS	405 GRANADA	
CITY - ST - ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

3. 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: *FERRIL BOUTILIER*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-403-7388

CR2E034 (9/99)