2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State
03-15-2001 90188 029 ***158.75

DOCUMENT # L59907

1. Entity Name
HOLMES COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
148 OVIEDO STREET ST AUGUSTINE FL 32084	148 OVIEDO STREET ST AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
15 GARNETT AVE.	15 GARNETT AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. AUGUSTINE FL	City & State: ST. AUGUSTINE FL
Zip: 32084 Country: ST. JOHNS	Zip: 32084 Country: ST. JOHNS

4. FEI Number 65-0182133 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLMES, JACK
148 OVIEDO STREET
ST AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name: JACK HOLMES
Street Address (P.O. Box Number is Not Acceptable): 3524 KINGS ROAD S.
City: ST. AUGUSTINE FL Zip Code: 32086

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], PRESIDENT 3-13-01
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, 2001 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	DP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HOLMES, JACK		NAME		
STREET ADDRESS	3524 KINGS RD SOUTH		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HOLMES, DEONA		NAME		
STREET ADDRESS	3524 KINGS RD SOUTH		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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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		

CR2E034 (10/00)

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: Deona Holmes, SEC/TREAS. 3-13-01 904-819-0360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #