

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L83931

1. Entity Name

SCOTT J. HOLMES BUILDING, INC.

Principal Place of Business

9 NE LOFTING WAY
STUART FL 34996
US

Mailing Address

PO BOX 2804
JENSEN BEACH FL 34958
US

2. Principal Place of Business

1980 N.E. Ocean Dr.

Suite, Apt. #, etc.
STUART FL

City & State

3. Mailing Address

P.O. Box 2804

Suite, Apt. #, etc.
Jensen Beach

City & State

FL. #

Zip

34996

Country

MARTIN

Zip

34958

Country

MARTIN

6. Name and Address of Current Registered Agent

HOLMES, SCOTT J
681 SW LIGHTHOUSE DR
PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name SCOTT J Holmes

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

1980-N.E.-OCEAN-DR.

City STUART FL FL

Zip Code 34996

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 Scott J Holmes

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

Signature of Registered Agent

(NOTE: Registered Agent signature required when reinstating)

9-26-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE D
NAME HOLMES, SCOTT
STREET ADDRESS 9 NE LOFTING WAY
CITY-ST-ZIP SEWALLS POINT FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-26-00

Date

561-220-4280

Daytime Phone #

FILED

00 OCT -2 PM 2:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

50

4. FEI Number

65-0257685

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR25034 (5/00)

KE