

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 08, 2001 8:00 am
Secretary of State

05-15-2001 90096 050 ***150.00

DOCUMENT # P00000007789

1. Entity Name

MICHAEL HOLMES, INC.

Principal Place of Business

1662 MARILYN ROAD
 FORT MYERS FL 33901

Mailing Address

1662 MARILYN ROAD
 FORT MYERS FL 33901

2. Principal Place of Business

1824 Hewelllyn dr.

Suite, Apt. #, etc.

3. Mailing Address

1824 Hewelllyn dr.

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

Zip

33901

Country

USA

City & State

Ft Myers, FL

Zip

33901

Country

USA

4. FEL Number

65-0988320

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLMES, MICHAEL
 1662 MARILYN ROAD
 FORT MYERS FL 33901

7. Name and Address of New Registered Agent

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 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

D
 HOLMES, MICHAEL
 1662 MARILYN ROAD
 FORT MYERS FL 33901

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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: *Michael Holmes* **MICHAEL HOLMES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/01 (941) 415-1544

Daytime Phone #

CR2E034 (10/00)