

2001 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED

Mar 01, 2001 8:00 am
Secretary of State

01-26-2001 90104 034 ***150.00

DOCUMENT # P00000029960

1. Entity Name

HOLSTER SOLUTIONS, INC.

Principal Place of Business

4707 140TH AVE. N. STE. 211
CLEARWATER FL 33762

Mailing Address

4707 140TH AVE. N. STE. 211
CLEARWATER FL 33762

2. Principal Place of Business

3908 Mullenhurst Dr

3. Mailing Address

36181 E. Lake Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 325

City & State

Palm Harbor FL

City & State

Palm Harbor FL

Zip

34685

Country

Zip

34685

Country

USA

4. FEI Number

59-3643378

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRAZIER, W. ROBINSON
1515 RIVERSIDE AVE., STE. A
JACKSONVILLE FL 32204

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 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, 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 D ☐ Delete
NAME YOUNG, JONATHAN D
STREET ADDRESS 3908 MULLENHURST DR.
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE D ☐ Delete
NAME YOUNG, DOUGLAS M
STREET ADDRESS 3908 MULLENHURST DR.
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE D ☐ Delete
NAME KIMMEY, JOHN V.A.
STREET ADDRESS 4859 INVERNESS CT., 101
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)