

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000051010

1. Entity Name
JOHN HOLEMAN'S PAINTING, INC.

Principal Place of Business
369 N. LAKESIDE DRIVE
SATELLITE BEACH FL 32937

Mailing Address
369 N. LAKESIDE DRIVE
SATELLITE BEACH FL 32937

FILED

01 AUG 27 PM 12:13

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3649294

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLEMAN, JOHN
369 N. LAKESIDE DRIVE
SATELLITE BEACH FL 32937

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 \$550.00
After September 12, 2001 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME D HOLEMAN, JOHN
STREET ADDRESS 369 N. LAKESIDE DRIVE
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
400004571874--5
-09/06/01--01031--008
*****150.00 *****150.00

TITLE NAME D HOLEMAN, PATTY
STREET ADDRESS 369 N. LAKESIDE DRIVE
CITY-ST-ZIP SATELLITE BEACH FL 32937

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TITLE NAME
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

8-14601

Date

Daytime Phone #

CP2E034 (5/01)

DOUGLASS A. PERSON, CPA, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

August 16, 2001

VIA: Facsimile
(850)245-6017

Attn: Michelle

Uniform Business Report Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: John Holeman's Painting Inc.
EIN: 59-3649294
P00000051010

Dear Sir/Madam:

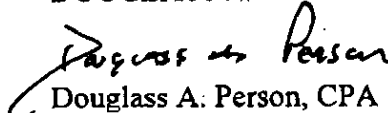
I am the accountant for the client identified above and am in response to your notification regarding the filing of the 2001 Uniform Business Report. Mr. Holeman incorporated his company in May 2000. He relied on the corporation's attorney to file appropriate documents and to keep him abreast of future required filings.

As a new corporation, Mr. Holeman relied on a professional to inform him that the Uniform Business Report needed to be completed and filed by May 1, 2001. Mr. Holeman was unfamiliar with the filing requirements and never received the first notice indicating the deadline date of May 1, 2001.

It is respectfully requested that his payment be retroactive to May 1, 2001. There was no willful intent to disregard the filing requirements for the State of Florida. This is a one-time event and Mr. Holeman has initiated changes to insure that this does not occur again.

Should you have any further questions, please do not hesitate to contact me personally.

Very truly yours,
DOUGLASS A. PERSON, CPA, PA


Douglass A. Person, CPA

DAP/bv
Enclosure/POA/2553
Cc: Mr. Holeman

1790 Highway A1A • Suite 202 • Satellite Beach, FL 32937 • Call (321) 779-2112 • Fax (321) 779-0501