


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 AUG -1 AM 8:00

DOCUMENT # P000000 02895	
1. Entity Name Holecek & Griffin Acquisitions, Inc	

**DO NOT WRITE IN THIS SPACE**

**REINSTATEMENT** 02-03

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 22 W. University Ave.	3. Mailing Address 22 W. University Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Gainesville, FL	City & State Gainesville, FL
Zip 32601	Country USA

4. FEI Number 593656445	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Justin Holecek	
Street Address (P.O. Box Number is Not Acceptable) 833 Seidan Cove way	
City Tampa	FL Zip Code 33602

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 7/27/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

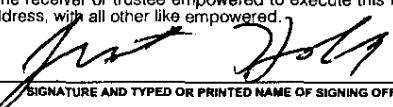
January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Justin Holecek 833 Seidan Cove way Tampa, FL 33602	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500021985675 08/01/03--01023--003**40875
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/03 1352219-8952  
Date Daytime Phone #

CR1E034B (12/02)