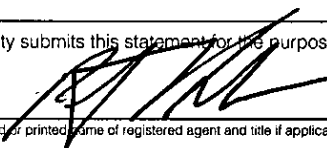
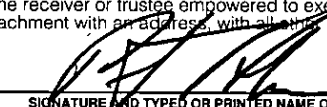


# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**  
 04-17-2001 90158 017 \*\*\*150.00

UNCL/000

<b>DOCUMENT # P00000072800</b>			
1. Entity Name <b>HOLMES &amp; ORANGE, INC.</b>			
Principal Place of Business <b>13303 DON LOOP SPRING HILL FL 34609</b>		Mailing Address <b>23 E. TARPON AVE. TARPON SPRINGS FL 34689</b>	
2. Principal Place of Business		3. Mailing Address <b>13303 DON LOOP</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>SPRING HILL, FL 34609</b>	
Zip	Country	Zip	Country
		4. FEI Number <b>59-3660430</b>	
		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>KLIMIS, GEORGE N 23 E. TARPON AVE. SPRING HILL FL 34689</b>		7. Name and Address of New Registered Agent Name <b>HOLMES, PETER</b> Street Address (P.O. Box Number is Not Acceptable) <b>13303 DON LOOP</b> City <b>SPRING HILL</b> FL Zip Code <b>34609</b>	
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:  (NOTE: Registered Agent signature required when reinstating) DATE: <b>4/12/01</b>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HOLMES, PETER 13303 DON LOOP SPRING HILL FL 34609</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P/S HOLMES, PETER 13303 DON LOOP SPRING HILL, FL 34609</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ORANGE, RICHARD D. 13303 DON LOOP SPRING HILL FL 34609</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/VP/T ORANGE, RICHARD D. 13303 DON LOOP SPRING HILL, FL 34609</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 things like empowered.			
SIGNATURE: 		<b>PETER HOLMES</b> Date: <b>4/12/01</b> Daytime Phone #	

00038334



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)