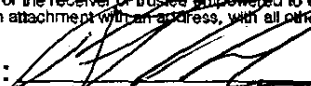


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91492 042 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000072800					
1. Entity Name HOLMES DISTRIBUTION, INC.					
Principal Place of Business 13303 DON LOOP SPRING HILL, FL 34609			Mailing Address 13303 DON LOOP SPRING HILL, FL 34609		
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 59-3660430			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HOLMES, PETER 13303 DON LOOP SPRING HILL, FL 34609			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when appointing) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$350.00 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS HOLMES, PETER 13303 DON LOOP SPRING HILL, FL 34609 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT HOLMES, PETER 13303 Don Loop Spring Hill, FL 34609 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT ORANGE, RICHARD D 13303 DON LOOP SPRING HILL, FL 34609 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS SIMPSON, JOE 22285 Snow Hill Rd. Brooksville, FL 34601 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Peter Holmes, Pres.			4/23/03 352-683-8715		

CR2E034 (10/02)