

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000082890

1. Entity Name

T. ELAINE HOLMES, P.A.

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90025 028 ***150.00

Principal Place of Business

~~12410 OAKLEAF AVE.~~
~~TAMPA FL 33612~~

Mailing Address

12410 OAKLEAF AVE.
TAMPA FL 33612

14502 N. Dale Mabry
Ste. 200
Tampa, FL 33618

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Ste. 200

Suite, Apt. #, etc.

City & State

City & State

Tampa

Zip

Country

FL 33618

Zip

Country

4. FEI Number

59-3480992

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

HOLMES, T. ELAINE
12410 OAKLEAF AVE.
TAMPA FL 33612

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

J. Elaine Holmes

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME President, Director
STREET ADDRESS T. Elaine Holmes
CITY-ST-ZIP 12410 Oakleaf Ave.
Tampa, Florida 33612

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

TITLE ☐ Delete
NAME Secretary
STREET ADDRESS T. Elaine Holmes
CITY-ST-ZIP 12410 Oakleaf Ave.
Tampa, FL 33612

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

J. Elaine Holmes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

813/932-5798

Daytime Phone #

CR2E034 (10/00)

0345912