

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90042 042 ***150.00

DOCUMENT # P01000009269

1. Entity Name

RYAN J. HOLMES, INC.

Principal Place of Business

**C/O COMPUKEEPER 1446 NW 2ND AVE., #105
 BOCA RATON FL 33432**

Mailing Address

**C/O COMPUKEEPER 1446 NW 2ND AVE., #105
 BOCA RATON FL 33432**

2. Principal Place of Business

4945 Pinetree Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

Zip

Country

33436

Country

USA

4. FEI Number

65-1069760

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

HOLMES, RYAN

**C/O COMPUKEEPER 1446 NW 2ND AVE., #105
 BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name

Ryan Holmes

Street Address (P.O. Box Number is Not Acceptable)

4945 Pinetree Drive

City

Boynton Beach,

FL

Zip Code

33436

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)

04/15/02
 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, 2002 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

TITLE **D** ☐ Delete
 NAME **HOLMES, RYAN**
 STREET ADDRESS **C/O COMPUKEEPER 1446 NW 2ND AVE., #105**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME **Ryan Holmes**
 STREET ADDRESS **4945 Pinetree Drive**
 CITY-ST-ZIP **Boynton Beach, FL 33436**

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

TITLE ☐ Change ☐ Addition
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 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Holmes, Pres

2/1/02

(X) (S61) 742-5959

Date

Daytime Phone #

CR2E034 (9/01)