2 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 30, 2002 8:00 am Secretary of State 05-17-2002 90022 020 ***158.75

J	CUMENT # PO10	00072316	Secretary of State			
Entil	HOLAS ENTERPRISES OF IND	IAN RIVER, INC.	•		05-17-2002 9	90022 020 ***158.75
ļ	al Place of Business			\checkmark		
		Mailing Address				
POST OFFICE.BOX 650131 POST OFFICE POST OFFICE POST OFFICE POST OFFICE POST OFFICE POST OFFI POS		POST OFFICE BOX VERO BEACH FL 3	POST OFFICE BOX 650131 VERO BEACH FL 32965		- 40069	
2. Princi	pal Place of Business	3. Mailing Address				 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11
Suite Act # erc		Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State		City & State			DO NOT WRITE IN THIS SPACE	
Zip	Country	Zip	Country		4. FEI Number 3561799	Applied For Not Applicable
	6. Name and Address of Current	Registered Agent	<u> </u>		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	/	giotoreo Agent	Nam	7	. Name and Address of New Register	red Agent
SCHIET	TELBEIN, NICHOLAS R			N. chal	سلینہ کا م	
1485 23RD PLACE, S.W. VERO BEACH FL 32962			Stree	Substitution of the substi		
TENO E	JEHOTI FL 32362	•			Dristol CT	
			City			
. The abov	ve named entity submits this statement for t	he purpose of changing	ito societa e de dire	d office or registered agent, or both, in the State of Florida.		
	Acres 1 for		its registered office	or registered a	igent, or both, in the State of Florida.	
IGNATURE	Signature, typed or printed name of registered agent and	<u> </u>				
. Resigner	Opration is olisible to	title if applicable. (NC	OTE: Registered Agent sign	nartw bariupes stutts	reinstating) . LI 25 67	
	poration is eligible to satisfy its intangible requirement and elects to do so.	FILE NOW	VIII FEE IS \$150	0.00	J BATE	
1000 0116	eria on back)	, Aπer May 1, 2	002 Fee will be a	2500 00	 Election Campaign Financing Trust Fund Contribution. 	\$5.00 May Be
	OFFICERS AND DIF	Make Check Paya	12.		!	Added to Fees
LE Vie	Yresident		TITLE	AC AC	DITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 11
EET ADDRESS	Nichelas R. Schuefer	bein	NAME	1 ~~ 67 10.61	A. **	
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ADDRESS			NAME		(Change
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DORESS			NAME			Change Addition
ZIP		j	STREET ADDRESS			
ereby certificated on t	fy that the information supplied with this filin	g does not qualify to the	City-SI-ZIP		 -	1
he corpora inged, or o	fy that the information supplied with this filing this report or supplemental report is true an attachment with an address, with all of the supplemental reports the receiver or trustee empowered to an an attachment with an address, with all of the supplementary with all of the supplemental report is true and the supplementary with all of th	accurate and that my so be execute this report as r her like empowered.	exemption stated in signature shall have required by Chapter	n Section 119.0 the same legal 607, Florida Si	07(3)(i), Florida Slatutes, I further certify the effect as if made under oath; that I am a latutes; and that my name appears in a	hat the information in officer or director
NATUE	RE: SIDMINTINIAL	District the same	· 🗁		Home appears in Big	XXX 11 Or Block 12 if
	SIGNATURE AND TYPED OR PRINTED NA	ME OF SIGNING OFFICER OF	RECTOR		4/2010]]
•					Cylin Daysime	Phone