FILED

## 2003 FOR PROFIT CORPORATION

## Jun 02, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR **Secretary of State** P01000091518 DOCUMENT # 06-02-2003 90184 020 \*\*\*150.00 1. Entity Name HOLDEN ONE CORPORATION Principal Place of Business Mailing Address 1892 ABBEY RD. 1892 ABBEY RD. STE I STE I W PALM BCH FL 33415 W PALM BCH FL 33415 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 65-1180718 Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ENGRAM, SANDRA M Street Address (P.O. Box Number is Not Acceptable) 1892 ABBEY RD STE I W PALM BCH FL 33415 City 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. + am familiar with, and accept the obligations of registered agent. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE. TITLE ☐ Change ☐ Addition ☐ Delete NAME ENGRAM, SANDRA M NAME 1892 ABBEY RD STE I STREET ADDRESS STREET ADDRESS W PALM BCH FL 33415 CITY-ST-ZIP CIZY\_ST-ZIP Addition D۷ ☐ Change TITLE Delete TITLE ENGRAM, JAMES E NAME NAME STREET ADDRESS 1892 ABBEY RD STE I STREET ADDRESS W PALM BCH FL 33415 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition

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 ental 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 vustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the inform indicated on this report or support of the corporation or the receive changed, or on an attachment

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

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