

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90339 001 ***600.00

DOCUMENT # P02000022787

1. Entity Name
MAH II DISTRIBUTORS OF NAPLES, INC.



Principal Place of Business
**1000 TAMiami TRAIL NORTH, STE 502
NAPLES FL 34106**

Mailing Address
**1000 TAMiami TRAIL NORTH, STE 502
NAPLES FL 34106**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

~~HEISER, SONYA G
1000 TAMiami TRAIL NORTH, STE 502
NAPLES FL 34106~~

7. Name and Address of New Registered Agent

Name: **Max A. Holcher, CPA**

Street Address (P.O. Box Number is Not Acceptable): **1000 TAMiami TRAIL NORTH, STE 502**

City: **NAPLES** FL Zip Code: **34103**

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE	D <input type="checkbox"/> Delete
NAME	HOLCHER, MAX A
STREET ADDRESS	1000 TAMiami TRAIL NORTH, STE 502
CITY-ST-ZIP	NAPLES FL 34106
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

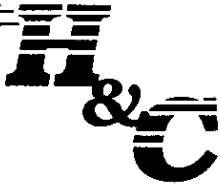
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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: Max A. Holcher **4-22-03** **239-6419-7227**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

ATTACHMENT
55030140
00200002278



HOLCHER & COMPANY, P.A.
Certified Public Accountants and Personal Financial Specialists
AND AFFILIATED COMPANIES

*Regulated by the State of Florida
**PFS not sanctioned by the State or Federal Government but accredited
exclusively by CPAs who are members of the American Institute of CPAs

The CPA. Never Underestimate The Value.™



April 22, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: 2003 Uniform Business Report Filings

Dear Sir or Madam:

Enclosed herewith please find 2003 Uniform Business Reports for each of the following clients accompanied by check no: 2077 payable to Dept. of State in the amount of \$600.00 representing the filing fee of \$150.00 per entity:

<u>Name of Corporations</u>	<u>FEI</u>
MAH II Distributors of Naples, Inc . Holcher and Company, P.A.	Applied For 59-2723737
S.E.E. Distributors, Inc.	59-3571824
OHC Investments, Inc.	59-3646509

Should you have any questions, please feel free to contact our office at 239-649-7227. Thank you.

Cordially,

Sonya G. Heiser
Firm Manager

/sgh
Enclosures