

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

MOI1054 AT

The Seal of the State of Florida is a circular emblem. It features a central scene with a palm tree, a ship, and a lighthouse. The words "GREAT SEAL OF THE STATE OF FLORIDA" are inscribed around the top, and "IN GOD WE TRUST" is at the bottom.

HOLLAND BLACKSMITHING AESTHETICA, INC.

Mailing Address
C/O PAULICH, SLACK & WOLFF, P.A.
801 ANCHOR RODE DRIVE, SUITE 203
NAPLES FL 34103
IIS

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Zip

Country

4. FEI Number

☒ 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

WOLFF, CASEY ESQUIRE
C/O PAULICH, SLACK & WOLFF, P.A.
801 ANCHOR RODE DRIVE, SUITE 203
NAPLES FL 34103

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. I 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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	GREEFKES, EVERT	
STREET ADDRESS	801 ANCHOR RODE DRIVE, SUITE 203	
CITY - ST - ZIP	NAPLES FL 34103	

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

TITLE	STD	<input type="checkbox"/> Delete
NAME	GREEFKES TEER, MARIA	
STREET ADDRESS	801 ANCHOR RODE DRIVE, SUITE 203	
CITY - ST - ZIP	NAPLES FL 34103	

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	<input type="checkbox"/> Delete
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"/> Delete
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"/> Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

19 May 2003

Daytime Phone: 326-2615

CR2E034 (10/02)