

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P17793
 1. Entity Name
LOCKWOOD & HOLMES, INC.

FILED

02 APR 11 AM 11:14

Principal Place of Business Mailing Address
 7660 PHILLIPS HIGHWAY 7660 PHILLIPS HIGHWAY
 SUITE 14 SUITE 14
 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Zip Country

City & State: **Irvine, CA**
 Zip: **92612** Country: **USA**

4. FEI Number: **58-1147879** 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

FARRELL, DELAINE
 7660 PHILLIPS HIGHWAY
 SUITE 14
 JACKSONVILLE FL 32256

Name: **Corporation Service Company**
 Street Address (P.O. Box Number is Not Acceptable):
1201 Hays-Street
 City: **Tallahassee** FL Zip Code: **32301**

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.
 CORPORATION SERVICE COMPANY
 SIGNATURE BY: *[Signature]* **VIVIEN S MITCHELL, ASST-V.P.** DATE: **4/9/02**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **P** Delete
 NAME: **LOCKWOOD, SANDRA N**
 STREET ADDRESS: **221 N. ROSCOE BOVD**
 CITY-ST-ZIP: **PONTE VEDRA BEACH FL 32082**

TITLE: **CEO** Change Addition
 NAME: **Janis Paulson**
 STREET ADDRESS: **13842 andele**
 CITY-ST-ZIP: **Irvine, CA 92620**

TITLE: **VP** Delete
 NAME: **ROGERS, KAREN A**
 STREET ADDRESS: **221 N ROSCOE BLVD**
 CITY-ST-ZIP: **PONTE VEDRA BEACH FL 32082**

TITLE: **President** Change Addition
 NAME: **William P. Murtagh**
 STREET ADDRESS: **Same**
 CITY-ST-ZIP: **Same**

TITLE: **CEO** Delete
 NAME: **BAYRAMI, ALI**
 STREET ADDRESS: **2010 CALLE DE LAS ALAMOS**
 CITY-ST-ZIP: **SAN CLEMENTE CA 92672**

TITLE: **V.P.** Change Addition
 NAME: **Myra Dembitz**
 STREET ADDRESS: **Same**
 CITY-ST-ZIP: **Same**

TITLE: **VP** Delete
 NAME: **KEVANEAR, FRED**
 STREET ADDRESS: **575 EVELYN PLACE**
 CITY-ST-ZIP: **BEVERLY HILLS CA 90210**

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

TITLE: **VP** Delete
 NAME: **GORFU, IASU**
 STREET ADDRESS: **9852 STANFORD AVE**
 CITY-ST-ZIP: **GARDEN GROVE CA 92641**

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

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]* Date: **8/15/01** Daytime Phone #: **949-476-8000**

[Signature]
Janis Paulson

CR2E034 (5/01)

300005326543-2
 04/25/02 - 01098 - 010
 ****350.00 ****350.00

4/2/02



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 13, 2002

LOCKWOOD & HOLMES, INC.
2201 DUPONT DRIVE
#800
IRVINE, CA 92612

SUBJECT: LOCKWOOD & HOLMES, INC.
Ref. Number: P17793

We have received your document for LOCKWOOD & HOLMES, INC. and check(s) totaling \$550.00. However, your check(s) and document are being returned for the following:

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2001 corporate annual report/uniform business report form. To reinstate, the corporation must submit a completed reinstatement application/annual report/uniform business report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$600.00 reinstatement fee, \$61.25 filing fee per year for the years 2001 through the current year, \$88.75 corporate supplemental fee for 1992 and every year thereafter.

Therefore, the total amount due to reinstate the corporation is \$900.00. Add an additional \$8.75 for each certificate of status requested.

The total amount due includes the 2002 Annual Report/Uniform Business Report and Supplemental Fee.

There is a balance due of \$350.00.

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

*OK To pay
Scott Taylor*

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Leslie Sellers - Accounts Payable
Document Specialist 1-8-02
Date entered: _____
Vendor #: 0000 329
Voucher #: _____
Keyed by: _____
Approved by: [Signature]

Letter Number: 702A00008967

*CORP 3
042500 / 400101*