

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90045 044 \*\*\*150.00

**DOCUMENT # P27185**

1. Entity Name

**HOLMES & NARVER, INC.**

Principal Place of Business

999 TOWN & COUNTRY ROAD  
 ORANGE CA 92668

Mailing Address

999 TOWN & COUNTRY ROAD  
 ORANGE CA 92868-4713

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **95-1599514**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, CRAIG B</b>	
STREET ADDRESS	<b>999 TOWN &amp; COUNTRY RD</b>	
CITY-ST-ZIP	<b>ORANGE CA 92868-4786</b>	
TITLE	<b>VST</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, DOUGLAS D</b>	
STREET ADDRESS	<b>999 TOWN AND COUNTRY RD.</b>	
CITY-ST-ZIP	<b>ORANGE CA</b>	
TITLE	<b>ATAS</b>	<input type="checkbox"/> Delete
NAME	<b>DESLATTE, DENNIS A</b>	
STREET ADDRESS	<b>999 TOWN AND COUNTRY RD</b>	
CITY-ST-ZIP	<b>ORANGE CA</b>	
TITLE	<b>CFOD</b>	<input type="checkbox"/> Delete
NAME	<b>LEVINE, DARRYL J</b>	
STREET ADDRESS	<b>999 TOWN &amp; COUNTRY RD.</b>	
CITY-ST-ZIP	<b>ORANGE CA 92868-4786</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>BOVAL, LAWRENCE</b>	
STREET ADDRESS	<b>999 TOWN &amp; COUNTRY RD</b>	
CITY-ST-ZIP	<b>ORANGE CA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>STEINKE, PAUL D</b>	
STREET ADDRESS	<b>999 TOWN &amp; COUNTRY RD</b>	
CITY-ST-ZIP	<b>ORANGE CA 92868</b>	

12. 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
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STREET ADDRESS	
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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	

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:

*Dennis A. Deslatte*  
 DESLATTE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-00

Date

714-567-2400

Daytime Phone #

CR29034 (9/99)