

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90105 027 \*\*\*150.00

**DOCUMENT # P27185**

1. Entity Name  
**HOLMES & NARVER, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>999 TOWN &amp; COUNTRY ROAD<br/>         ORANGE CA 92668</b>   | Mailing Address<br><b>999 TOWN &amp; COUNTRY ROAD<br/>         ORANGE CA 92668</b> |
| 2. Principal Place of Business   | 3. Mailing Address   |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.  |
| City & State   | City & State   |
| Zip  | Country  |
| 6. Name and Address of Current Registered Agent<br><b>CT CORPORATION SYSTEM<br/>         1200 S. PINE ISLAND ROAD<br/>         PLANTATION FL 33324</b> |  |
| 7. Name and Address of New Registered Agent  |  |
| Name   |  |
| Street Address (P.O. Box Number is Not Acceptable)   |  |
| City   |  |
| FL Zip Code  |  |

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>SMITH, CRAIG B<br/>999 TOWN &amp; COUNTRY RD<br/>ORANGE CA 92868-4786</b> <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VST<br/>SMITH, DOUGLAS D<br/>999 TOWN AND COUNTRY RD.<br/>ORANGE CA</b> <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ATAS<br/>DESLATTE, DENNIS A<br/>999 TOWN AND COUNTRY RD<br/>ORANGE CA</b> <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CFOD<br/>LEVINE, DARRYL J<br/>999 TOWN &amp; COUNTRY RD.<br/>ORANGE CA 92868-4786</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>BOVAL, LAWRENCE<br/>999 TOWN &amp; COUNTRY RD<br/>ORANGE CA</b> <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>STEINKE, PAUL D<br/>999 TOWN &amp; COUNTRY RD<br/>ORANGE CA 92868</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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: D.A. Deslatte **D.A. DESLATTE** 2-13-01 714-567-2400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)