

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

Mailing Address

**999 TOWN & COUNTRY ROAD
ORANGE CA 92668****999 TOWN & COUNTRY ROAD
ORANGE CA 92668**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **95-1599514**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	SMITH, CRAIG B	999 TOWN & COUNTRY RD	ORANGE CA 92868-4786				
VST	SMITH, DOUGLAS D	999 TOWN AND COUNTRY RD.	ORANGE CA				
ATAS	DESLATTE, DENNIS A	999 TOWN AND COUNTRY RD	ORANGE CA				
CFOD	LEVINE, DARRYL J	999 TOWN & COUNTRY RD.	ORANGE CA 92868-4786				
V	BOVAL, LAWRENCE	999 TOWN & COUNTRY RD	ORANGE CA				
V	STEINKE, PAUL D	999 TOWN & COUNTRY RD	ORANGE CA 92868				

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D.A. DESLATTE 2-13-01 714-567-2400

Date

Daytime Phone #

CR2E034 (10/00)