

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90075 044 ***150.00

DOCUMENT # P93000022386

1. Entity Name
JIM HOLSOMBAKE CONSTRUCTION COMPANY



Principal Place of Business
**201 TIMBER LANE
PANAMA CITY FL 32405**

Mailing Address
**201 TIMBER LANE
PANAMA CITY FL 32405**

2. Principal Place of Business
604 WOOD TRAIL
Suite, Apt. #, etc.

3. Mailing Address
604 WOOD TRAIL
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
PANAMA CITY, FL

City & State
PANAMA CITY, FL

4. FEI Number **59-3179003**

Applied For
Not Applicable

Zip
32405

Country
USA

Zip
32405

Country
USA

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

**HOLSOMBAKE, JAMES D
201 TIMBER LANE
PANAMA CITY FL 32405**

Name
HOLSOMBAKE, JAMES D.

Street Address (P.O. Box Number is Not Acceptable)

604 WOOD TRAIL

City **PANAMA CITY** **FL** Zip Code **32405**

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:

JAMES D. HOLSOMBAKE

02/04/03

(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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HOLSOMBAKE, JAMES D**
STREET ADDRESS **201 TIMBER LANE**
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **D** ☒ Change ☐ Addition
NAME **HOLSOMBAKE, JAMES D.**
STREET ADDRESS **604 WOOD TRAIL**
CITY-ST-ZIP **PANAMA CITY, FL 32405**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES D. HOLSOMBAKE

02/04/03

Date

Daytime Phone #

CR2E034 (10/02)