

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90196 044 ***158.75

DOCUMENT # P94000043761

1. Entity Name
HOLTHAM INC.



Principal Place of Business
**4700 SHERIDAN ST.
SUITE S
HOLLYWOOD FL 33021**

Mailing Address
**6517 NW 78 PL
ATTN: MR SCHNEIDER
PARKLAND FL 33067
US**

2. Principal Place of Business

3. Mailing Address
70 East Beaver Creek

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Unit 203 (E-Press)

City & State

City & State
Richmond Hill, ONT

Zip

Country

Zip
L4B 3B2

Country

CANADA

4. FEI Number **65-0497484**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HIRSHBERG, HERB
4700 SHERIDAN ST.
SUITE S
HOLLYWOOD FL 33021**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(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 **P** ☐ Delete
NAME **SCHNIEDER, HOWARD**
STREET ADDRESS **908 PROMENADE**
CITY-ST-ZIP **THORNHILL ON L4J- 8G7**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: SCHNEIDER, President 10/20/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

905-771-1322 x10

CR2E034 (10/02)