

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91781 040 ***150.00

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DOCUMENT # P95000000680

1. Entity Name
R.L.H. SERVICES, INC.



Principal Place of Business
**2517 NW 36TH ST
BOCA RATON FL 33434**

Mailing Address
**2517 NW 36TH ST
BOCA RATON FL 33434**

11041411



2. Principal Place of Business
**717 N.E. 1ST ST. APT 6N
FL 33483**

3. Mailing Address
717 N.E. 1ST ST.

Suite, Apt. #, etc.
APT 6N

Suite, Apt. #, etc.
APT 6N

City & State
DELRAY BEACH, FL

City & State
DELRAY BEACH, FL

4. FEI Number
65-0544781

Applied For
Not Applicable

Zip
33483

Country
USA

Zip
33483

Country
U.S.A.

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLMES, ROBERT L
2517 NW 36TH ST
BOCA RATON FL 33434
**SAME AGENT
NEW ADDRESS
717 N.E. 1ST ST. APT 6N
DELRAY BCH, FL, 33483**

Name
← SAME
Street Address (P.O. Box Number is Not Acceptable)
717 N.E. 1ST ST. APT 6N
City
DELRAY BEACH **FL** Zip Code
33483

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 **Robert L. Holmes**

4/28/03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
HOLMES, ROBERT L (SAME)
2517 NW 36TH ST
BOCA RATON FL 33434** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**HOLMES ROBERT L. (SAME)
717 N.E. 1ST ST. APT 6N
DELRAY BCH, FL, 33483** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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: **Robert L. Holmes**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03
Date

561-239-1053
Daytime Phone #

CR2E034 (10/02)