

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000020852

1. Entity Name

HOLMBERG TECHNOLOGIES, INC.

**FILED**  
Mar 08, 2001 8:00 am  
Secretary of State

03-08-2001 90123 046 \*\*\*150.00

Principal Place of Business

1800 2ND ST  
714  
SARASOTA FL 34236  
US

Mailing Address

1800 2ND ST  
714  
SARASOTA FL 34236  
US

2. Principal Place of Business

46 N. Washington Blvd.

3. Mailing Address

46 N. Washington Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 18

Ste 18

City & State

City & State

Sarasota FL

Sarasota FL

Zip

Country

Zip

Country

34236

Sarasota

34236

Sarasota

6. Name and Address of Current Registered Agent

HOLMBERG, DICK  
1800 SECOND STREET  
SUITE 714  
SARASOTA FL 34236

Name

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

46 N. Washington Blvd

Ste 18

City

FL

Zip Code

34236

4. FEI Number

65-0663572

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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

TITLE P  
NAME HOLMBERG, DICK  
STREET ADDRESS 1800 2ND ST STE 714  
CITY-ST-ZIP SARASOTA FL 34236

☐ Delete

TITLE ST  
NAME MCDONOUGH, MARIE  
STREET ADDRESS 1800 2ND ST STE 714  
CITY-ST-ZIP SARASOTA FL 34236

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 46 N. Washington Blvd, Ste 18  
CITY-ST-ZIP SARASOTA, FL 34236

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 46 N. Washington Blvd, Ste. 18  
CITY-ST-ZIP SARASOTA, FL 34236

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)