## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P96000063739 Mar 30, 2000 8:00 am Secretary of State 1. Entity Name HOLIMANN CORPORATION 03-30-2000 90004 021 \*\*\*150.00 Principal Place of Business Mailing Address 5117 Rutland Court c/o Thomas W. Hill 1318 Lafayette St. Cape Coral, FL 33904 Cape Coral, FL 33904 828880 2. Principal Place of Business 3. Mailing Address 5117 Rutland Court Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State . . Applied For 4. FEI Number 65-0688165 Cape Coral, FL 33904 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. -7. Name and Address of New Registered Agent James Amburn Hill, Thomas W. Street Address (P.O. Box Number is Not Acceptable) 1505 SE 40th Street, Ste. C 1318 Lafayette Street Cape Coral, FL 33904 Zip Code -Cape Coral 33904 8. The above pamed entity subm its this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ח TITI F Delete Change ☐ Addition NAME Holtmann, Hans B. STREET ADDRESS 1318 Lafayette Street 5117 Rutland Court STREET ADDRESS CITY-ST-7IP Cape Coral, FL 33904 CITY-ST-ZIP Cape Coral, FL 33904 TITLE VPD ☐ Detete TITLE Change Addition Holtmann, Jutta NAME STREET ADDRESS 1318 Lafayette Street STREET ADDRESS 5117 Rutland Court CITY-ST-ZIP CITY-ST-ZIP~ Cape Coral, FL 33904 Cape Coral, FL 33904 TITLE Defete TITLE X Change Addition D NAME NAME Hill, Thomas W. STREET ADDRESS STREET ADDRESS 1318 Lafayette Street CITY-ST-ZIP CITY-ST-ZIE Cape Coral, FL 33904 TITLE Delete TITLE ☐ Change MoitibbA [ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME . NAME 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS ST-ZIP CITY-ST-ZiP

Lack thereby 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 truster employered 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.

- ATURE:

SUMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Daytime Phone #