

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000093259

1. Entity Name

HOL BROOK, INC.

FILED

Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90117 005 ***150.00

Principal Place of Business

Mailing Address

HARRI PEKKOLA C/O HOL BROOK
109 HALF MOON CIR #G-3
HYPOLEXO FL 33462
US

C/O CHRISTIAN N. SCHOLIN
505 SOUTH FLAGLER DRIVE, SUITE 1001
WEST PALM BEACH FL 33401-5949

2. Principal Place of Business

3. Mailing Address

505 S. Flagler Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 400

City & State

City & State

West Palm Beach, FL

Zip

Country

Zip

Country

33401

U.S.A.

4. FEI Number

65-0709021

Applied For

Not Applicable

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

SCHOLIN, CHRISTIAN N
505 SOUTH FLAGLER DRIVE
SUITE 1001
WEST PALM BEACH FL 33401

Name

Christian N. Scholin

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

505 South Flagler Drive

Suite 400

City

West Palm Beach

FL

Zip Code

33401

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

4/18/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEKKOLA, HARRI 505 SOUTH FLAGLER DRIVE, SUITE 1001 WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Harri Pekkola
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2000 561-533-1052
Day Daytime Phone #

CR2E034 (9/99)