

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000085666

1. Entity Name
HOLM REALTY SERVICES, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90189 031 ***150.00

0400516

Principal Place of Business
1715 MARINA TERRACE
NORTH FT. MYERS FL 33903

Mailing Address
1715 MARINA TERRACE
NORTH FT. MYERS FL 33903

2. Principal Place of Business 9050 PALMAS GRANDES BLVD. Suite, Apt. #, etc. 204 City & State BONITA SPRINGS FL. Zip 34135 Country USA		3. Mailing Address 9050 PALMAS GRANDES BLVD Suite, Apt. #, etc. 204 City & State BONITA SPRINGS FL. Zip 34135 Country USA	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0790878		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOLM, KURT P 1715 MARINA TERRACE NORTH FT. MYERS FL 33903		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Kurt P. Holm DATE 4-27-01
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLM, KURT P 16460 TIMBERLAKES DRIVE, UNIT 102 FT. MYERS FL 33908 <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
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
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: Kurt P. Holm DATE 4-27-01 DAYTIME PHONE # 941-390-2116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)