

DOCUMENT # P97000096303

1. Entity Name
HOLMES & BRAKEL INTERNATIONAL, INC.

P

07-24-2000 90012 043 ***150.00

Principal Place of Business	Mailing Address
100 SOUTH ASHLEY DRIVE SUITE 860 TAMPA FL 33602 US	100 SOUTH ASHLEY DRIVE SUITE 860 TAMPA FL 33602 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-3477771	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EKONOMIDES, NICKOLAS C
201 N. FRANKLIN STREET
SUITE 2350
TAMPA FL 33602

7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P HOLMES, RICHARD J 7214 DALE RD PORT HOPE ONTARIO CA 4A3V6	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOLMES, W MARK 7706 BICKLE HILL RD COBOURG, ONTARIO CA K9A 4	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition	PORT HOPE, ON, CA LIA 3V6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	COBourg, ON, CA K9A 4J7.
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"/> Change <input type="checkbox"/> Addition	
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"/> 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:

SIGNATURE REQUIRED

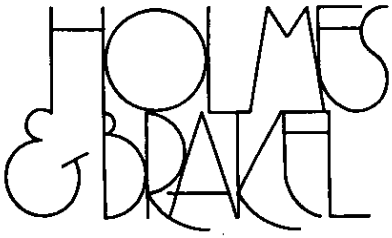
~~RICHARD J. HOLMES~~

Date: _____

Daytime Phone #

P97000094303

A0069258



Business Interiors

Holmes & Brakel Limited
830 Brock Road
Pickering, ON L1W 1Z8
Local: (905) 831-9711
Toronto: (416) 798-7225
Oshawa: (905) 619-6509
Fax: (905) 420-1961
Email: info@HolmesBrakel.com

**Holmes & Brakel
Business Interiors**
2405 St. Laurent Blvd.
Unit E
Ottawa, ON K1G 5B4
Tel: (613) 738-2090
Fax: (613) 738-2433
Email: ottawa@HolmesBrakel.com

**Holmes & Brakel
International Inc.**
100 South Ashley Dr.
Suite 860
Tampa, Florida 33602
Tel: (813) 229-6869
Fax: (813) 229-2699
Email: tampa@HolmesBrakel.com

Holmes & Brakel (BC) Inc.
1577 West Georgia
Vancouver, BC V6G 2V3
Tel: (604) 669-9209
Fax: (604) 669-5029
Email: vancouver@HolmesBrakel.com

Website: www.HolmesBrakel.com

July 13, 2000

Florida Department of State
Division of Corporations
Uniform Business Report Filings
Box 1500
Tallahassee, FL 32302-1500

Attention: Mr Tyrone Scott

Dear Mr. Scott:

Further to your conversation with Robert Robinson of our Tampa office, I will affirm that Holmes & Brakel never received the first notice to file our report to the Division of Corporations for the State of Florida.

I have enclosed a cheque in the amount of \$150.00 and would ask that the late fee be waived.

Thank you for your attention in this matter.,

Yours sincerely,

A handwritten signature in dark ink, appearing to read "Deanna Roxburgh". The signature is fluid and cursive, with a long horizontal stroke at the end.

Deanna Roxburgh
Manager, Finance & Administration.

/dr