FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 01, 2002 8:00 am Secretary of State 05-01-2002 91564 039 ***150.00

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TOM HOLLAND, SR. AUCTION COMPANY					
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	DO NOT WRITE	IN THIS SI	PACE		
2. Principat P	Place of Business	3. Mailing Address			
1839 Suite, Apt.	B Northgate Blvd #, etc.	1839 B Not Suite, Apt. #, etc.	rthgate Blvd	DO NOT WRITE IN THIS S	PACE
City & State		City & State		4. FEI Number	Applied For
	sota, FL 34234	<u>Sarasota,</u>	FL	59-3487860	Not Applicable
Zip 34234	Country	Zip 34234	Country USA		\$8.75 Additional Fee Required
Agraphy and Arrivation				7. Name and Address of Current Registered	Agent
Klėin, William R					
epizikakapepepakepina	geta jagote t		Street Address (P.O. Box Number is Not Acceptable) 0 Main Street	
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	make and a second beautiful booking a recommendation		City Sar	asota FL	Zip Code 34236
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 fiting requirement and elects to do so. Amended			1, Fee is \$550.00 d UBR is \$61.25 ble to Department of Sta	Trust Fund Contribution.	\$5.00 May Be Added to Fees
11.	OFFICERS AND DI	RECTORS	35-39-cm regional c. sacratar para a comparta como de la como de l	en de la constanta de la const	
TITLE NAME	Director Holland, Tom Sr.		IME I STATE OF THE		CR2E034B (120)
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CITY-ST-ZIP	1		ST STATE OF THE	et til haftet fri siste skall i paleet folklar og tve og en en stalle kansen vit siste i betydligt	
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 of supplemental report is true and acturate 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 feceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.					
1 1000 41 0 1					
SIGNATURE: 4/V6/02 941 377 - 4452 SIGNATURE AND TYPED OR PRINED NAMED SERVING OFFICER OF DIRECTOR Date Designer Phone #					