## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 15, 2002 8:00 am Secretary of State DOCUMENT # P98000037985 1. Entity Name HOLBROOK ENTERPRISES & SERVICES, INC. 05-15-2002 90173 023 \*\*\*150.00 Principal Place of Business Mailing Address 9653 SW GRANADA COURT 9653 SW GRANADA COURT **FALM CITY FL 34991** PALM CITY FL 34991 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0840734 Not Applicable Zip Country Zip 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 HOLBROOK, VESTER Street Address (P.O. Box Number is Not Acceptable) 9653 SW GRANADA COURT PALM CITY FL 34991 City 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) 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, 2002 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 TITLE ☐ Delete TITLE ☐ Addition ☐ Change HOIBROOK, VESTER W NAME NAME 9653 SW GRANADA CT STREET ADDRESS STREET ADDRESS PALM CITY FL 34990 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME HOLBROOK, RICHARD C NAME STREET ADDRESS 9653 GRANADA CT STREET ADDRESS CITY-ST-ZIP PALM CITY FL 34990 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition MURPHY, WILLADENE NAME NAME STREET ADDRESS 9653 SW GRANADA CT STREET ADDRESS CITY-ST-ZIP PALM CITY FL-34990 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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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

FILED