2000 UNIFORM BUSINESS REPORT (UBR) FILED Sep 11, 2000 8:00 am Secretary of State DOCUMENT # P98000044585 1. Entity Name STEPHEN T. HOLMAN, P.A. 09-11-2000 90073 020 ***550.00 Principal Place of Business Mailing Address H-East-Government-Street P.O. BOX 13324 PENSACOLA FL 32591-3324 PENSACOLA FL 32501 2. Principal Place of Business 3. Mailing Address <u>Sovernment</u> St Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3511959 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOLMAN, STEPHEN T Street Address (P.O. Box Number is Not Acceptable) 34 W. GOVERNMENT Street 511 EAST GOVERNMENT STREET PENSACOLA FL 32501 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. DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State \Box (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition D TITLE ☐ Delete TITLE HOLMAN, STEPHEN T NAME NAME STREET ADDRESS STREET ADDRESS 511 EAST GOVERNMENT STREET CITY-ST-ZIP PENSACOLA FL 32501 CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITI F □ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an officer or director cute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if nation supplied with this filin 13. I hereby certify that the indicated on this rep al report is true of the corporation of stee empow changed, or on an like empowered.

Daytime Phone #