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

DOCUMENT # P98000054414 1. Entity Name

SMALL HOLES, INC.



## FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 91899 030 \*\*\*150.00

				•	
	B. I. A. T.	1 A 1 PM 1 PM 2 PM	15.1 771116	COA	^ m
1111		VV KII P	IN THIS	SPA	
-		17 17 18 TO 18 18 18 18 18 18 18 18 18 18 18 18 18		<b>U</b> 1 17	. ~ -

Principal Place of Business     4774 North Powerline Road				Mailing Address     4774 North Powerline Road								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & Stat	18			City & State			4.	FEI Number	14040	Applied For		
Pompano Beach, Florida		F	Pompano Beach, Florida				4. FEI Number 65-0844310 Applied Not App					
Zip Country 33073 US		3	Zip		5.	5. Certificate of Status Desired						
							7. Name and Address of Current Registered Agent					
PARISTE N						izinte_	-Name Angelo, Barry & Boldt, P.A					
DO NOT WRITE IN THIS SPACE					Street A	Street Address (P.O. Box Number is Not Acceptable)						
					515 E	515 East Las Olas Blvd, Suite 850						
						City Fo	City Fort Lauderdale FL Zin Code 33301					
	named entity's		ement for the	purpose of cha	nging its regis	tered office o	r registered ac	gent, or both, in the S	tate of Florida. I am fa	miliar with, and accept		
tus obliga:	· ·	a agent.	-		·		•					
SIGNATURE .	Sandaliste, fyrbed far i	Militari prices el natico	nosi adam and b	in it applicable	GIOTE: Region	dereo Acere signa	Rite required when t	s* iP35130Fiz.1	DATE			
January 1 - May 1. Fee is \$150.00  After May 1, Fee is \$550.00  Amended UBR is \$61.25  Make Check Payable to Florida Department of State							9. Election Cam - Trust Fund Co		\$5.00 May Be Added to Fees			
10.4	Payable to F		RS AND DIR		· · · · · · · · · · · · · · · · · · ·	, *			· .			
TITLE	D		***************************************	· · · · · · · · · · · · · · · · · · ·		LITLE						
NAME STREET ADDRESS	Dwight E. Dy	kes Powerline Roa	d			NAME STREET ADDRESS						
CHY-ST-ZIP		ach, Florida 3			*	CITY-ST-ZIP						
THEÉ					1	IUTE		-		1 :		
HAME STREET ADDRESS						NAME STREET ADDRESS	l		•	~		
CHTY-ST-ZIP	:					OTTY-ST-ZIP				3		
TITLE NAME						TITLE		سأتحو برجوا بيكير أساد لابير		a market ig. t. T The day as Fill .		
STREET ADDRESS			•		a de la companya de l	STREET ADDRESS	<b>!</b>		OT MANDE	<del> </del>		
OFFY - ST - ZIP						CITY-ST-ZIP		א טע	OT WRI			
TITLE NAME						TITLE NAME	4 .	IN TH	IIS SPAC	E		
STREET ADDRESS						NAME STREET ADDRESS.						
CITY-ST-ZIP		*****				CITY-ST-ZiP						
TITLE NAME						ITLE NAME						
ŞTREET ADDRESS	_			÷ .		STREET ADDRESS,	ļ. · .					
CHY-ST-ZIP						DITY-ST-ZIP		<u></u>		¥ 21		
HAME .					· · · · · · · · · · · · · · · · · · ·	TILE JAME		• •		Marie F		
STREET ADDRESS				السيف 25 ميو مولاً ما السياسية مولاً ما السياسية		TREET ADDRESS			ر مان المان ال المان المان ال	ا په او کې د د د د د د د د د د د د د د د د د د		
CITY-ST-ZIP		<u> </u>				CHY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	<u></u>			
<ol><li>12. Thereby c</li></ol>	ertify that the in	ormiation suppi	iéd with this	tiling does not a	$pualify$ for the $\epsilon$	ecomption stat	ted in Section :	119.07(3)(i), Florida S	Statutes. I further certi	fy that the information		

to does not qualify for the exemption stated in Section 113.07(3)(i), ribridg statutes. From the trip that the information is accurate and that rity signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an indicated on this report of supplemental report the corporation or the ecover or trustee attachment with an addless, with all other life.

SIGNATURE:

F SIGNING OFFICER OR DIRECTOR

Dwight E. Dykes

4/30/03 Date

(954) 426-0002

Daytime Phone #