

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90169 036 ***150.00

DOCUMENT # P99000028109

1. Entity Name
STOCKHOLMES, INC.

Principal Place of Business
C/O MYERS KRAUSE ET. AL.
5811 PELICAN BAY BLVD. #600
NAPLES FL 34108

Mailing Address
C/O MYERS KRAUSE ET. AL.
5811 PELICAN BAY BLVD. #600
NAPLES FL 34108



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5811 Pelican Bay Blvd.
Suite, Apt. #, etc.
Ste 600

3. Mailing Address
5811 Pelican Bay Blvd.
Suite, Apt. #, etc.
Ste 600

City & State
Naples, Florida

City & State
Naples, Florida

4. FEI Number 59-3566543

Applied For
Not Applicable

Zip 34108 **Country**

Zip 34108 **Country**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KRAUSE, ANDREW J ESO
5811 PELICAN BAY BOULEVARD
SUITE 600
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name
FOWLER WHITE MYERS KRAUSE
Street Address (P.O. Box Number is Not Acceptable)
5811 Pelican Bay Blvd.
Ste 600
City Naples **FL** **Zip Code** 34108

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 By: FOWLER WHITE MYERS KRAUSE

/Andrew J. Krause

4-17-02

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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	SPVT	<input type="checkbox"/> Delete
NAME	HOLMES, THOMAS A	
STREET ADDRESS	5811 PELICAN BAY BLVD #600	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Thomas A. Holmes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02

Date

239-598-1221

Daytime Phone #

CR2E034 (9/01)