| 2000 UNIFORM<br>DOCUMENT # P99   |  | ORT (UBR)  | May 04, 2000 8:00 ai   |
|--|--|--|--|
| HOLMES & CO., INC.   | •  |  | Secretary of State<br>05-04-2000 90163 022 ***150.00   |
| Principal Place of Business  | Mailing Address  |  |  |
| 832 SPAINWOOD DRIVE<br>ARÁSOTA FL 34232  | 3332 SPAINWOOD DRIV<br>SARASOTA FL 34232-50                                      |  | UUUU 1040  |
| Principal Place of Business  | 3. Mailing Address   |  |  |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.  | <u> </u>   | . DO NOT WRITE IN THIS SPACE   |
| City & State   | City & State   |  | 4. FEI Number<br>65-0933766 Applied For<br>Not Applicable  |
| Zip Country  | Zip  | Country  | 05-0933760     Not Applicable       5. Certificate of Status Desired     \$8.75 Additional       Fee Required     Fee Required   |
| 6. Name and Address  | of Current Registered Agent  | Name   | 7. Name and Address of New Registered Agent  |
| HOLMES, GERALDINE M<br>3332 SPAINWOOD DRIVE  |  |  | ess (P.O. Box Number is Not Acceptable)  |
| SARASOTA FL 34232  |  |  |  |
|  |  | City   | FL Zip Code  |
| IGNATURE   |  | NOTE: Registered Agent signature requ  | gistered agent, or both, in the State of Florida.  |
| <ol> <li>This corporation is eligible to satisfy it:<br/>Tax filing requirement and elects to do<br/>(See criteria on back)</li> </ol>   | so. After MAY 1  | W !!! FEE IS \$150.00<br>, 2000 Fee will be \$550.00<br>yable to Department of S | State  |
| II. OFF  |  | 12.<br>TITLE   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |
| AME Holmes, Alvi<br>IREET ADDRESS 3332 Spainwo<br>IIY-ST-ZIP Sarasota, FI  | in F.<br>bod Dr.   | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |
| TLE Sec.<br>AME Holmes, Gera<br>TREET ADDRESS 3332 Spainwo   | Delete Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | Change Addition  |
| ITLE Tres.<br>IAME Holmes, Gera<br>TREET ADDRESS 3332 - Spainwo  | Delete<br>aldine M.<br>bod Dr.   | TITLE<br>NAME<br>STREET ADDRESS  | Change Addition  |
| ITY-ST-ZIP<br>ITLE<br>AME<br>TREET ADDRESS<br>ITY-ST-ZIP   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | Change Addition  |
| ITLE<br>AME<br>TREET ADDRESS<br>ITY - ST - ZIP   | Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | Change Addition  |
| ITLE<br>AME<br>TREET ADDRESS<br>ITY- ST-ZIP  | Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | Change 🗋 Addition  |
| indicated on this report or supplement<br>of the corporation or the receiver or tr<br>changed, or on an attachment with an<br>SIGNATURE: | ntal report is true and accurate and the<br>rustee empowered to execute this re- | hat my signature shall have the<br>port as required by Chapter 6<br>red.         | in Section 119.07(3)(i), Florida Statutes. I further certify that the information<br>e the same legal effect as if made under oath; that I am an officer or director<br>ir 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if<br>(941) 378-3/92<br>inc. M.Ho/mcs 4-28-00<br>Date Daytome Phone # |