## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9600092268

Country

HOWARD CUMMINGS INC.

Principal Place of Business

3603 QUAIL CT

WEST MELBOURNE FL 32904

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

Zip

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

3603 QUAIL CT

WEST MELBOURNE FL 32904



**FILED** 

Jan 08, 2001 8:00 am Secretary of State

01-08-2001 90022 021 \*\*\*150.00

**■**44:

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Applied For

\$8.75 Additional

Not Applicable

DO NOT WRITE IN THIS SPACE

JAN 2, 2000 321 728 3000
Daylime Phone #

59-3425687

4. FEI Number

5. Certificate of Status Desired

CUMMINGS, JAMES H JR 3803 QUAIL CT WEST MELBOURNE FL 32904  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 little if applicable. (NOTE, Registered Agent signature required when reinstating)  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)   Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS   12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   P
Signature, typed or printed name of registered agent and title if applicable.  Signature, typed or printed name of registered agent and title if applicable.  Signature is in a corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)  Title  P  CUMMINGS, JAMES H JR.  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  WEST MELBOURNE FL 32904  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  (NOTE. Registered agent, or both, in the State of Florida.  (NOTE. Registered Agent signature required when renstating)  DATE  10. Election Campaign Financing Trust Fund Contribution.  Street Address (P.O. Box Number is Not Acceptable)  DATE  11.  OFFICERS AND DIRECTORS  12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST MELBOURNE FL 32904  TITLE  Delete TITLE ST  Delete TITLE Addition
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13. Thereby certify that the information supplied with this filling 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Country