

2000 UNIFORM BUSINESS REPORT (UBR)

4.

FILED
May 19, 2000 8:00 am
Secretary of State

04-25-2000 90074 037 ***150.00

DOCUMENT # P99000021744

1. Entity Name

HOWELL REALTY & ASSOCIATES, INC.

Principal Place of Business

**3925 BERRYHILL ROAD
 PAGE FL 32571**

Mailing Address

**127 EAST ZARAGOZA STREET
 SUITE 206
 PENSACOLA FL 32501-5989**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3564038

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

Name **Bass and Sandfort Accountants**
 Str **127 E Zaragoza St.**
 Suite **206**
 City **Pensacola FL 32501**

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 of registered agent or director, if applicable)

(NOTE: Registered Agent signature required when remaining)

DATE

4/18/00

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, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PSTD**
 STREET ADDRESS **HOWELL, SHARON M**
 CITY-ST-ZIP **3925 BERRYHILL ROAD
 PAGE FL 32571**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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: *Sharon M. Howell*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2000 **850 983-0014**
 Date Daytime Phone

CR2E034 (9/99)