2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State
02-21-2001 90070 007 ***150.00

DOCUMENT # 161350

1. Entity Name
J. D. HOWELL, INC.

Principal Place of Business	Mailing Address
104 SURFVIEW DR STE 2105 PALM COAST FL 32137 US	104 SURFVIEW DR STE 2105 PALM COAST FL 32137 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5537 Atlantic View	5537 Atlantic View
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Augustine, Fl.	City & State: St. Augustine, Fl.
Zip: 32080 Country: USA	Zip: 32080 Country: U.S.A.

4. FEI Number 59-0612377 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOWELL, J.D.
104 SURFVIEW DR
#2105
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name: J. D. Howell
Street Address (P.O. Box Number is Not Acceptable): 5537 Atlantic View
City: St. Augustine, FL Zip Code: 32080

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: J. D. Howell
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	VDT HOWELL, MARY ELAINE 104 SURFVIEW DR #2105 PALM COAST FL 32137 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT Howell, Mary Elaine 5537 Atlantic View St. Augustine, Fl. 32080 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS HOWELL, JOHN DAVID 104 SURFVIEW DR #2105 PALM COAST FL 32137 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS Howell, John David 5537 Atlantic View. St Augustine, Fl. 32080 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: J. D. Howell, President — 2-13-01 — 904-461-8327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)