

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 15, 2005 8:00 am
Secretary of State

07-15-2005 90023 019 ***150.00

DOCUMENT # *161350*

1. Entity Name

J.D. Howell, Inc.



DO NOT WRITE IN THIS SPACE

20064203

2. Principal Place of Business

5537 Atlantic View

Suite, Apt. #, etc.

3. Mailing Address

5537 Atlantic View

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St. Augustine, Fl.

City & State

St. Augustine, Fl.

4. FEI Number

59-0612377

Applied For

Not Applicable

Zip

32080

Country

St. Johns

Zip

32080

Country

St. Johns

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

John David 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

J.D. Howell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

*asked for written statement
Did not receive until now.*

JDH

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

President - Secretary - Director

John D. Howell

5537 Atlantic View

St. Augustine, Fl. 32080

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Vice President - Treasurer - Director

Mary E. Howell

5537 Atlantic View

St. Augustine, Fl 32080

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with another like empowered.

SIGNATURE:

J.D. Howell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

July 12, 2005

904-461-8327
Daytime Phone #

CR2E034B (12/02)

ATTACHMENT

20064283

161350

See Note

J D Howell Inc.
5537 Atlantic View
St. Augustine, FL 32080-7037

Request taken by: cmitchell
07-01-2005

The forms you recently requested from this office are:

(1) 201. COR Profit A/R

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

Note:

I returned card to have written statement
Come to J.D. Howell, Inc. I did not receive until
now. Ch. enclosed for \$150.00

Thanks,
J.D. Howell
904-461-8327