

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 265443

1. Entity Name  
HOWELL'S TYPEWRITERS, INC.

**FILED**  
**Aug 26, 2002 8:00 am**  
**Secretary of State**

08-26-2002 90067 035 \*\*\*150.00

Principal Place of Business  
5066 EDGEWATER DR.  
ORLANDO FL 32810

Mailing Address  
5066 EDGEWATER DR.  
ORLANDO FL 32810



DO NOT WRITE IN THIS SPACE

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 59-0994372

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

LEITZ, KAREN A  
1217 BRAMPTON PL  
HEATHROW FL 32746

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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  
PC  
LEITZ, KAREN A  
1217 BRAMPTON PL  
HEATHROW FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FLOWER, BRUCE W  
511 N MAITLAND AVE  
MAITLAND FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
MILLER, GREGORY, R  
1415 LYDIA DR  
DELTONA FL ☐ 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:

*Karen A. Leitz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/02 407 291-4666  
Date Daytime Phone #

CR2E034 (4/02)

Attachment



265443

5066 Edgewater Drive • Orlando, FL 32810  
Phone 407-291-4666 • Fax 407-291-9201 • WATTS 800-225-9454

AUGUST 22, 2002

STATE OF FLORIDA  
DEPT OF STATE

DEAR SIRs:

I SPOKE WITH ROB AT THE DEPT OF STATE CONCERNING THIS APPLICATION. I NEVER RECEIVED THE FIRST MAILING. ROB SAID TO SEND THE \$150.00 FEE.

IF YOU CHECK MY PRIOR PAYMENT HISTORY YOU WILL SEE THAT I HAVE ALWAYS PAID THE FEES ON TIME.

THANK YOU FOR YOUR HELP.

SINCERELY,

A handwritten signature in black ink, appearing to read "Karen A. Leitz". The signature is fluid and cursive, with the first name "Karen" being more legible than the last name "Leitz".

KAREN A LEITZ, PRESIDENT