

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 562574

1. Entity Name

HOWELL'S OFFICE MACHINES, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90014 023 ***150.00

Principal Place of Business

Mailing Address

218 N MARION ST
LAKE CITY FL 32055-2845
US

218 N MARION ST
LAKE CITY FL 32055-3933
US

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 **59-1845240**

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

HOWELL, WALTER L.
212 W. HOWARD STREET
LIVE OAK FL 32060

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.

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 \$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 PD
NAME HOWELL, WALTER L.
STREET ADDRESS 212 W. HOWARD STREET
CITY-ST-ZIP LIVE OAK FL ☐ Delete

TITLE Vice President = **VB/T**
NAME Treasurer
STREET ADDRESS SAME
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D
NAME HOWELL, CHARLENE M.
STREET ADDRESS 212 W. HOWARD STREET
CITY-ST-ZIP LIVE OAK FL ☐ Delete

TITLE President = PD
NAME
STREET ADDRESS SAME
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Secretary = S/D
NAME Lisa H. Sweet
STREET ADDRESS 212 W. Howard St.
CITY-ST-ZIP Live Oak, FL 32060 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ~~Assistant Secretary~~ = D
NAME Tammy H. MYERS
STREET ADDRESS 212 W. Howard St.
CITY-ST-ZIP Live Oak, FL 32060 ☐ 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 the address with all other like empowered.

SIGNATURE: *Lisa H. Sweet*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\$ 10.00 **904-362-4406**
Date Daytime Phone #

CR2E034 (9/99)