

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90283 042 ***150.00

DOCUMENT # 660779

1. Entity Name
HOWELL BROTHERS, INCORPORATED

Principal Place of Business

P O DRAWER H
% BERNIS M. HOWELL
BRANFORD FL 32008
US

Mailing Address

P.O. BOX 450
% BERNIS M. HOWELL
BRANFORD FL 32008
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 450

Suite, Apt. #, etc.

City & State

City & State
BRANFORD, FL 32008

4. FEI Number

59-1995551

Applied For

Not Applicable

Zip

Country

Zip

Country

32008

USA

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, BERNIS M
RT 1 BOX 286
BRANFORD FL 32008

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, 2002 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	DP	<input type="checkbox"/> Delete
NAME	HOWELL, EVERETT A	
STREET ADDRESS	RT 1 BOX 284	
CITY-ST-ZIP	BRANFORD, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOWELL, BERNIS M.	
STREET ADDRESS	RT 1 BOX 286	
CITY-ST-ZIP	BRANFORD, FL 00000	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	HOWELL, WILLIAM M	
STREET ADDRESS	RT 1 BOX 286	
CITY-ST-ZIP	BRANFORD, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWELL, EDNA B	
STREET ADDRESS	RT 1 BOX 284	
CITY-ST-ZIP	BRANFORD, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPSTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANET KELLEY	
STREET ADDRESS	P.O. BOX 326	
CITY-ST-ZIP	BRANFORD, FL 32008	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Janet H. Kelley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-02 (386) 935-1350

CR2E034 (9/01)