

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90134 024 \*\*\*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  
BRANFORD FL 32008  
US**



2. Principal Place of Business  
**RT-1 BOX 286**

3. Mailing Address  
**Suite, Apt. #, etc.**

City & State  
**BRANFORD, FL.**

City & State

4. FEI Number  
**59-1995551**

Applied For  
Not Applicable

Zip  
**32008**

Country  
**U.S.**

Zip Country

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

## 6. Name and Address of Current Registered Agent

**HOWELL, BERNIS M  
RT 1 BOX 286  
BRANFORD FL 32008**

## 7. Name and Address of New Registered Agent

Name  
**JANET KELLEY**  
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 *Janet Kelley*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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	DP HOWELL, EVERETT A RT 1 BOX 284 BRANFORD FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST HOWELL, BERNIS M. PO BOX 326 BRANFORD FL 32008	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, EDNA B RT 1 BOX 284 BRANFORD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P DENNIS E. HOWELL RT. 1 BOX 288 BRANFORD FL. 32008	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VP S JANET KELLEY P.O. BOX 326 BRANFORD, FL. 32008	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERNEST KELLEY P.O. BOX 326 BRANFORD, FL. 32008	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Janet Kelley* **SIGNATURE REQUIRED** V.P.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-17-03** (386) 935-0081  
Daytime Phone #

CR2E034 (10/02)