2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

SUTE 82

US

1101 GULF BREEZE PKWY

GULF BREEZE FL 32561-4713

1246 Tall Pine Trail

DOCUMENT # G64253 1. Entity Name

SUITE 82

Principal Place of Business

1101 GULF BREEZE PARKWAY

2. Principal Place of Business

1246 Tall Pine Trail

GULF BREEZE FL 32561

Suite, Apt. #, etc.

SIGNATURE!

J. DANIEL HOWARD CONSTRUCTION CO., INC.

City & State Gulf Breeze, FL 32561			City & State Gulf Breeze, FL 32561		4.	FEI Number 59-2350924	<u> </u>	ot Applicable
Zip 32561		Country Santa Rosa	Zip 32561	Country Santa Ros	a 5.	Certificate of Status Desired	\$8.75 Add	ditional
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
	-		ogisterou zi gont	Name				
DAVIS, ROLLIN D. JR. 226 S PALAFOX ST.					Street Address (P.O. Box Number is Not Acceptable)			
PENS	SACOLA FI	L 32501		City			Zip Cod	le
8. The above	named entit	y submits this statement for	the purpose of changing its		or registered ag	ent, or both, in the State of Florida.	FL Zip Cod	
SIGNATURE	Signatura typog	or printed name of registered agent an	dithe if applicable (NOT	E: Registered Agent sign:	ture required when r	einstating) DA	TE.	
								
Tax filing re	-	rible to satisfy its Intangible and elects to do so.	After MAY 1, 20	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 lake Check Payable to Department of State		Election Campaign Financing Trust Fund Contribution.		O May Be d to Fees
11.		OFFICERS AND D	IRECTORS	12.	Αſ	DDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP), J. DANIEL LF BREEZE PKWY #82 DEFZE FI	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1246	D, J. DANIEL TALL PINE TRAIL BREEZE, FL 32561	☐ , Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOWARD), J. DANIEL LF BREEZE PKWY #82	I ○ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOWAR 1246	D, GAIL E. TALL PINE TRAIL BREEZE, FL 32561	☐ X Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
indicated of the cor	on this repo poration or t	irt or supplemental report is t	rue and accurate and that r vered to execute this report	my signature shall as required by Ch	have the same.	119.07(3)(i), Florida Statutes. I furthe legal effect as if made under oath; th ida Statutes; and that my name appea	at I am an officer	r or airector 1

FILED

May 12, 2000 8:00 am Secretary of State

05-12-2000 90059 018 ***150.00

DO NOT WRITE IN THIS SPACE