

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H38477

1. Entity Name

HOWELL OAKS INVESTMENT CORPORATION

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90068 025 ***150.00

Principal Place of Business	Mailing Address
11015 N. DALE MABRY HWY STE D TAMPA FL 33618 US	11015 N. DALE MABRY HWY STE D TAMPA FL 33618 US

2. Principal Place of Business	3. Mailing Address
13014 N. DALE MABRY HWY Suite, Apt. #, etc. SUITE 356 City & State TAMPA, FL Zip 33618 Country	13014 N. DALE MABRY HWY Suite, Apt. #, etc. SUITE 356 City & State TAMPA, FL Zip 33618 Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2513718	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHWENCKE, KIM M 11015 NORTH DALE MABRY HIGHWAY TAMPA FL 33418	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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$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	PD SCHWENCKE, KIM M. 11015 N. DALE MABRY HWY TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13014 N. DALE MABRY HWY SUITE 356 TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOYNER, MILLARD K. 11015 N. DALE MABRY HWY TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13014 N. DALE MABRY HWY-SUITE 356
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOYNER, E. WAYNE 11015 N. DALE MABRY HWY TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13014 N. DALE MABRY HWY-SUITE 356
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHREIBER, GARY A. 11015 N. DALE MABRY HWY TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13014 N. DALE MABRY HWY-SUITE 356
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED 4/15/2000 813-169-0244 x102
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)