

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90014 018 ***150.00

DOCUMENT # J55761

1. Entity Name
HOWCO ENTERPRISES, INC.

Principal Place of Business

Mailing Address

75 W. MAIN STREET
 APOPKA FL 32703

765 ARMADILLO DRIVE
 DELTONA FL 32725
 US

2. Principal Place of Business

3. Mailing Address

X 101 N. WOODLAND BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

206

City & State

City & State

DELAND, FL.

4. FEI Number **59-2767139**

Applied For
 Not Applicable

Zip

Country

Zip

Country

32720

VOLUSIA

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

JOHNSON, MIKE
765 ARMADILLO DRIVE
DELTONA FL 32725

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	JOHNSON, MIKE	765 ARMADILLO DR	DELTONA FL 32725	<input type="checkbox"/>
VPD	JOHNSON, LATIFA	765 ARMADILLO DR	DELTONA FL 32725	<input type="checkbox"/>
VPD	JOHNSON, MICHELLE	765 ARMADILLO DR	DELTONA, FL. 32725	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **X Michael Johnson** MICHAEL JOHNSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/01

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE