

1092

# 2000 UNIFORM BUSINESS REPORT (UBR)

06-22-2000 90002 018 \*\*\*150.00

FILED J62496

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 12 PM 3:20

DOCUMENT # **J62496 (R)**  
1. Entity Name **Universal Howard Enterprises, inc.**

Principal Place of Business Mailing Address  
**% Tom Howard** **Tom Howard**  
**6039 APPLE AV.** **6039 APPLE AV.**  
**COCOA FL. 32927** **COCOA, FL. 32927**

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

00065762

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2775085** Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Name and Address of Current Registered Agent  
**HOWARD, Tom**  
**6039 APPLE AV.**  
**COCOA, FL. 32927**  
7. Name and Address of New Registered Agent  
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. ☐ **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. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **Tom Howard** **June 17, 2000** **321 636 2917**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

TOM HOWARD  
6039 APPLE AV.  
COCOA, FL. 32925

FL. Dept. of State

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This is in reference to my annual  
report for corporation J 62496.

I was late sending in my report  
as I did not receive one. I  
finally requested one, but was  
late.

I was told by my regular  
mail carrier that during this  
time, the time I should have  
received it, they were using  
substitute mail carriers. These  
subs were making errors, and  
one was losing mail. Please  
be advised of this in consideration  
of late fee.

Sincerely,

Tom Howard