

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

0449221

**DOCUMENT # K49549**

1. Entry Name  
**W.B. HOWLAND CO., INC.**

03-09-2001 90493 012 \*\*\*150.00

Principal Place of Business <b>C/O LYN FLETCHER          610 11TH ST.          LIVE OAK FL 32060          US</b>	Mailing Address <b>W.B. HOWLAND CO INC          PO BOX 700          LIVE OAK FL 32064          US</b>
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number <b>59-2920697</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**FLETCHER, LYNDON M  
 9044 141ST DR  
 LIVE OAK FL 32060**

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 *Lyndon M. Fletcher*

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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HOWLAND, BARBARA W.</b>	
STREET ADDRESS	<b>PO BOX 700</b>	
CITY-ST-ZIP	<b>LIVE OAK FL</b>	
TITLE	<b>V/D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FLETCHER, MARY ELIZABETH</b>	
STREET ADDRESS	<b>1206 S. IRVIN ST.</b>	
CITY-ST-ZIP	<b>LIVE OAK FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>FLETCHER, LYNDON M</b>	
STREET ADDRESS	<b>RT 6 BOX 675</b>	
CITY-ST-ZIP	<b>LIVE OAK FL</b>	
TITLE	<b>STVD.</b>	<input type="checkbox"/> Delete
NAME	<b>HOWLAND, WILLIAM C</b>	
STREET ADDRESS	<b>9268 141ST LANE</b>	
CITY-ST-ZIP	<b>LIVE OAK FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>P/Sec/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP/T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Lyndon M. Fletcher*

**Lyndon M. Fletcher**

**386-362-1235**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)