

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90082 036 ***150.00

DOCUMENT # K49549

1. Entity Name
W.B. HOWLAND CO., INC.

Principal Place of Business

**C/O LYN FLETCHER
 610 11TH ST.
 LIVE OAK FL 32060
 US**

Mailing Address

**W.B. HOWLAND CO INC
 PO BOX 700
 LIVE OAK FL 32064
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2920697**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 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 _____ (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, 2002 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	D	<input checked="" type="checkbox"/> Delete
NAME	HOWLAND, BARBARA W.	
STREET ADDRESS	PO BOX 700	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	V/D	<input checked="" type="checkbox"/> Delete
NAME	FLETCHER, MARY ELIZABETH	
STREET ADDRESS	1206 S. IRVIN ST.	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	FLETCHER, LYNDON M	
STREET ADDRESS	RT 6 BOX 675	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	HOWLAND, WILLIAM C	
STREET ADDRESS	9268 141ST LANE	
CITY-ST-ZIP	LIVE OAK FL	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fletcher, Lyndon M.	
STREET ADDRESS	9044 141st. Drive	
CITY-ST-ZIP	Live Oak, Fl. 32060	
TITLE	VP ST D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Howland, William C.	
STREET ADDRESS	9268 141st. Lane	
CITY-ST-ZIP	Live Oak, Fl. 32060	
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 empowerments.

SIGNATURE: *William C Howland* **WILLIAM C HOWLAND**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-02 **386-362-1235**
 Date Daytime Phone #

CR2E034 (9/01)