

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90113 024 ***150.00

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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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **59-2920697**
Applied For
Not Applicable

City & State

Zip Country Zip Country

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

FLETCHER, LYNDON M
9044 141ST DR
LIVE OAK FL 32060

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lyndon M. Fletcher*
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Delete
NAME FLETCHER, LYNDON M
STREET ADDRESS 9044 141ST DRIVE
CITY-ST-ZIP LIVE OAK FL 32060

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPST Delete
NAME HOWLAND, WILLIAM C
STREET ADDRESS 9268 141ST LANE
CITY-ST-ZIP LIVE OAK FL 32060

TITLE VPSTD Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PSD Delete
NAME FLETCHER, LYNDON M
STREET ADDRESS RT 6 BOX 675
CITY-ST-ZIP LIVE OAK FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPTD Delete
NAME HOWLAND, WILLIAM C
STREET ADDRESS 9268 141ST LANE
CITY-ST-ZIP LIVE OAK FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lyndon M. Fletcher* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

(310) 362
1235