

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L18998

1. Entity Name

CLARKE MACDOWELL HOWE INC.

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

07-06-2001 90208 045 \*\*\*150.00

0124583

Principal Place of Business 1420 S OCEAN BLVD POMPANO BEACH FL 33062		Mailing Address 1420 S OCEAN BLVD POMPANO BEACH FL 33062	
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 65-0146365		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  HOUSTON, CLAYRE M. 1420 S OCEAN BLVD POMPANO BEACH FL 33062		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUSTON, CLAYRE M. 1420 S OCEAN BLVD POMPANO BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HOUSTON, WILLIAM J 1420 S OCEAN BLVD POMPANO BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: William J. Houston V.P. 4-30-01 941-8236  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

WILLIAM J. HOUSTON V.P.

CR2E034 (10/00)

Attachment Doc # L18998  
CLARKE MACDOWELL HOWE INC  
1420 S. OCEAN BLVD  
POMPAHO BEACH FL 33062

1114

AUGUST 2, 2001

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P O BOX 1500  
TALLAHASSEE FLORIDA 32302-1500

REFERENCE

NUMBER L 18998

THE ANNUAL REPORT FILING WAS  
DELAYED DUE TO AN ACCIDENT TO THE REGISTERED  
AGENT CLAYRE M HOUSTON.

WE ASK FOR YOUR REVIEW OF THIS  
MATTER AND THANK YOU FOR YOUR CONSIDERATION.

Very truly yours

*William J Houston*

WILLIAM J HOUSTON VT