

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L89911

1. Entity Name

CHARLIE HOWARD WELL DRILLING, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90116 016 ***150.00

Principal Place of Business

1102 FILLMORE AVE.
LEHIGH ACRES FL 33936
US

Mailing Address

PO BOX 593
LEHIGH ACRES FL 33970-0593
US

00002633



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0221863

Applied For
Not Applicable

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

HOWARD, CHARLIE
1102 FILLMORE AVENUE
LEHIGH ACRES FL 33936

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. ☐
(See criteria on back)

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	P	<input type="checkbox"/> Delete
NAME	HOWARD, CHARLIE	
STREET ADDRESS	1102 FILLMORE AVENUE	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HOWARD, GENEVIA	
STREET ADDRESS	1102 FILLMORE AVENUE	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HOWARD, ROBERT	
STREET ADDRESS	1102 FILLMORE AVE	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charlie Howard CHARLIE HOWARD Pres 1-7-00 941-3681800