2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # M82063** Jan 27, 2000 8:00 am 1. Entity Name HOWLAND CONSTRUCTION, INC. **Secretary of State** 01-27-2000 90014 048 ***150.00 Mailing Address Principal Place of Business 1209 DEVILS DIP 1209 DEVILS DIP TALLAHASSEE FL 32308 TALLAHASSEE FL 32308-5048 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2890269 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MUNROE. PETER G. Street Address (P.O. Box Number is Not Acceptable) 2727 APALACHEE APRKWAY TALLAHASSEE FL 32301 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PSD** TITLE Change Addition ☐ Delete HOWLAND, DENNIS J. NAME NAME У. С STREET ADDRESS 1209 DEVIL'S DIP STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TALLAHASSEE FL ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-719 CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Filing closs not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director at the exemption of th 13. I hereby certify that the information supplied with indicated on this report or sup of the corporation or the rec