

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State
03-23-2001 90005 012 ***150.00

DOCUMENT # P00000047910

1. Entity Name
HOWBET UNLIMITED, INC.

Principal Place of Business 6003 NW 31ST AVE. FT. LAUDERDALE FL 33309	Mailing Address 6003 NW 31ST AVE. FT. LAUDERDALE FL 33309
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2. Principal Place of Business 10205 OLD TAMPA RD Suite, Apt. #, etc.	3. Mailing Address 10205 OLD TAMPA RD Suite, Apt. #, etc.
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City & State PARRISH FL	City & State PARRISH FL	4. FEI Number 65-1010123	Applied For <input type="checkbox"/> Not Applicable
Zip 34219	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRAIGHT, HOWARD
6003 NW 31ST AVE.
FT. LAUDERDALE FL 33309

Name
Street Address (P.O. Box Number is Not Acceptable)
10205 OLD TAMPA RD
City **PARRISH FL** Zip Code **34219**

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 *Howard Straight*

3-19-01

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, 2001 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	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRAIGHT, HOWARD		NAME	address	
STREET ADDRESS	6003 NW 31ST AVE.		STREET ADDRESS	10205 OLD TAMPA RD	
CITY-ST-ZIP	FT. LAUDERDALE FL 33074		CITY-ST-ZIP	PARRISH FL 34219	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRAIGHT, BETTY A		NAME	address	
STREET ADDRESS	P.O. BOX 50515		STREET ADDRESS	10205 OLD TAMPA RD	
CITY-ST-ZIP	FT. LAUDERDALE FL 33074		CITY-ST-ZIP	PARRISH FL 34219	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Howard Straight*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-01
Date

Daytime Phone #

CR2E034 (10/00)