

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90035 026 ***150.00

DOCUMENT # **P00000061516**

1. Entity Name

HOWE PROPERTIES

Principal Place of Business

Mailing Address

**32 FAIRWAY DR
 DeBARY FL 32713**

**1576 TWIN OAKS DR
 DeLand FL 32724**

2. Principal Place of Business

1576 TWIN OAKS

3. Mailing Address

Suite, Apt. #, etc.

City & State

DeLand FL 32713

City & State

Zip Country

4. FEI Number

593659212

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

A0055375

6. Name and Address of Current Registered Agent

**CHRISTOPHER HOWE
 32 FAIRWAY DR.
 DeBARY FL 32713**

7. Name and Address of New Registered Agent

Name **CHRISTOPHER HOWE**

Street Address (P.O. Box Number is Not Acceptable)

1576 TWIN OAKS DR

City **DeLand** **FL** Zip Code **32720**

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

Christopher L Howe

3-9-01

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, 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	PRESIDENT	<input type="checkbox"/> Delete
NAME	CHRISTOPHER HOWE	
STREET ADDRESS	1576 TWIN OAKS DR	
CITY-ST-ZIP	DeLand FL 32720	
TITLE	V. PRESIDENT	<input type="checkbox"/> Delete
NAME	RICHARD HOWE	
STREET ADDRESS	1576 TWIN OAKS	
CITY-ST-ZIP	DeLand FL 32720	
TITLE	TREASURY	<input type="checkbox"/> Delete
NAME	SHIRLEY HOWE	
STREET ADDRESS	1576 TWIN OAKS DR	
CITY-ST-ZIP	DeLand FL 32720	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Christopher L Howe

3-9-01

Date

Daytime Phone #

CR2E034 (11/00)