

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90024 032 ***150.00

DOCUMENT # P00000082510

1. Entity Name

W. GARRETT HOWARD, P.A.

Principal Place of Business

315 TALL OAK TRAIL
 TARPON SPRINGS FL 34688

Mailing Address

315 TALL OAK TRAIL
 TARPON SPRINGS FL 34688

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE
59-3713197

4. FEI Number **APPLIED FOR**

Applied For
 Not Applicable

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, W GARRETT

~~3514 RIDGE BLVD~~
~~PALM HARBOR FL 34684~~

Name

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

315 TALL OAK TRAIL

City

Tarpon Springs

FL

Zip Code

34688

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 Delete
 NAME **D**
 STREET ADDRESS **HOWARD, W GARRETT**
3514 RIDGE BLVD
 CITY-ST-ZIP **315 TALL OAK TRAIL**
PALM HARBOR FL 34684 TARPON SPRINGS,
FL 34688

TITLE Change Addition
 NAME **Change**
 STREET ADDRESS **address**
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 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 lines empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727) 945-0841

CR2E034 (4/02)

TO: Division of Corp.

FR: Wm G. Howard

Attachments

DATE: 7-3-02

P000 000 82510
119968

As per your instructions I'm enclosing
A ck for ⁸150.00 Filing Fee as I
Never received any original notice
due to Address Change I believe.

Sincerely

