

# 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      Mailing Address  
**315 TALL OAK TRAIL**      **315 TALL OAK TRAIL**  
**TARPON SPRINGS FL 34688**      **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**  
**APPLIED FOR**

4. FEI Number      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 DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 HOWARD, W GARRETT**  
 STREET ADDRESS **3514 RIDGE BLVD, 315 TALL OAK TRAIL**  
 CITY-ST-ZIP **PALM HARBOR FL 34684 TARPON SPRINGS, FL 34688**

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

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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 CITY-ST-ZIP

TITLE  Change  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 lines empowered.

SIGNATURE: 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 <sup>8</sup>150.00 Filing Fee as I  
Never received any original notice  
due to Address Change I believe.

Sincerely

