

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000054589

1. Entity Name

HOWARD ELEVATOR, INC.

Principal Place of Business

617 EAST LAKE CLUB DR.  
OLDSMAR FL 34677

Mailing Address

617 EAST LAKE CLUB DR.  
OLDSMAR FL 34677

2. Principal Place of Business

6201 SAVANNAH BREEZE CT

3. Mailing Address

7853 GUNN HWY.

Suite, Apt. #, etc.

# 103

Suite, Apt. #, etc.

# 255

City & State

TAMPA, FL.

City & State

TAMPA, FL.

Zip

33625

Country

USA.

Zip

33626

Country

USA

4. FEI Number

59-3742205

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, WARREN

617 EAST LAKE CLUB DR.  
OLDSMAR FL 34677

Name

WARREN HOWARD

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

6201 SAVANNAH BREEZE CT. # 103

City

TAMPA

FL

Zip Code

33625

8. The above named entity submits this report 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 registrant and title if applicable

WARREN HOWARD

3/21/02

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, 2002 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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	AMY HOWARD	
STREET ADDRESS	617 EAST LAKE CLUB DR.	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMY HOWARD	
STREET ADDRESS	6201 SAVANNAH BREEZE CT # 103	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WARREN HOWARD

Date

3/21/02 813-960-0088

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)