2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000022605

1. Entity Name

SIGNATURE: 9

HARRY GANDY HOWLE, ARCHITECTS, P.A.



FILED Jan 06, 2003 8:00 am Secretary of State

01-06-2003 90075 025 ***150.00

Daytime Phone #

						/					
Principal Place 2801 OCEAN D VERO BEACH I	PRIVE. SUITE 302	Mailing Address 2001 OCEAN DRIVE, SUITE 302 VERO BEACH FL 32963									
2. Principal P	lace of Business	3. Mailing Address						EILS BBILLI BBELLI 40110	AIRIN IANGE AIJII EN	Q 	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State	e	City & State				4. F	El Number	3 <i>0</i>		plied For Applicable	
Zip	Country	Zip	Zip Coun			5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name and Address of Curren	t Registere	ed Agent			7. N	lame and Address of	New Registered	l Agent		
O'HAIRE, HARRY G JR. 2801 OCEAN DRIVE, SUITE 302 VERO BEACH FL 32963					Name HOWLE, IHAPRY G. JR. Street Address (P.O. Box Number is Not Acceptable) 2801 OCEN DRIVE, SUITE 301 Cityero Beach, FL 32363						
	named entity submits this statement itons of registered agent. HARRY G. HOV SIGNED STORES AGENT	for the purp	Jn &	<u> </u>	ed office or regi	stered ag	ent, or both, in the State	of Florida. I an	n familiar with, a	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							9. Election Campa Trust Fund Conf	ribution.	Added	May Be to Fees	
10.	OFFICERS AN	DIRECTO	DRS	11,		AC	DITIONS/CHANGES T	O OFFICERS AN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWLE, HARRY G JR. 2801 OCEAN DRIVE, SUITE 302 VERO BEACH FL 32963		□ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete					<u>-</u> -	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLI NAM STRE	E				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY	ME EET ADDRESS /-ST-ZIP				☐ Change	☐ Addition	
12. I hereby indicated of the co-	certify that the information Applied widen this report or supplemental report reportation or the receiver of a stee end, or on an attachment with an address	ith this filing is true and powered to , with all ot	g does not qualify for accurate and that be execute this report her like empowered	or the exe my signa t as requ	emption stated i ature shall have ired by Chapter	n Section the same r 607, Flor	119.07(3)(i), Florida Sta legal effect as if made ida Statutes; and that n	atutes. I further o under oath; that ny name appear	certify that the in I am an officer s in Block 10 or	nformation or director Block 11 if	