

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90068 031 ***150.00

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DOCUMENT # P02000042050

1. Entity Name
HOWARD TECHNOLOGY, INC.



Principal Place of Business
946 GOLDEN BEACH BOULEVARD
INDIAN HARBOUR BEACH FL 32937

Mailing Address
946 GOLDEN BEACH BOULEVARD
INDIAN HARBOUR BEACH FL 32937

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

37-1432620

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

HOWARD, LINDA
946 GOLDEN BEACH BOULEVARD
INDIAN HARBOUR BEACH FL 32937

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

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 Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Delete
NAME: **D HOWARD, FRANK**
STREET ADDRESS: **946 GOLDEN BEACH BOULEVARD**
CITY-ST-ZIP: **INDIAN HARBOUR BEACH FL 32937**

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME: **D HOWARD, LINDA**
STREET ADDRESS: **946 GOLDEN BEACH BOULEVARD**
CITY-ST-ZIP: **INDIAN HARBOUR BEACH FL 32937**

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME: **D WRIGHT, ERIC**
STREET ADDRESS: **946 GOLDEN BEACH BOULEVARD**
CITY-ST-ZIP: **INDIAN HARBOUR BEACH FL 32937**

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
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CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda G. Howard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA G. HOWARD

11/09/03 321-773-2691
Daytime Phone #

CR2E034 (10/02)