

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000003384

1. Entity Name  
HOWARD INSURANCE CONSULTANTS, INC.Principal Place of Business  
1618 N. W. BOCA RATON BLVD.  
BOCA RATON FL 33432  
USMailing Address  
1618 N. W. BOCA RATON BLVD.  
BOCA RATON FL 33432  
US2. Principal Place of Business  
Suite, Apt. #, etc.3. Mailing Address  
Suite, Apt. #, etc.4. FEI Number  
65-0457053  
Applied For  
Not Applicable5. Certificate of Status Desired  
 \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

HOWARD, CATHLEEN  
1618 N. W. BOCA RATON BLVD.  
BOCA RATON FL 33432

## 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.

SIGNATURE

*Cathleen Howard*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

M/A  
CH9. 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, 2001 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE: D  
NAME: HOWARD, CATHLEEN  
STREET ADDRESS: 1618 NW BOCA RATON BLVD.  
CITY-ST-ZIP: BOCA RATON FL 33432 Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
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STREET ADDRESS  
CITY-ST-ZIP Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  Addition

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 empowered.

SIGNATURE:

*Cathleen Howard* Cathleen Howard, Pres. 4/21/01 561-391-0950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0301486