

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91431 038 \*\*\*150.00

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**DOCUMENT # P94000068342**

1. Entity Name

**HOWARD EMPLOYEE SERVICES, INC.**



Principal Place of Business

**2704 BEE RIDGE ROAD  
2ND FLOOR  
SARASOTA FL 34239**

Mailing Address

**2704 BEE RIDGE ROAD  
2ND FLOOR  
SARASOTA FL 34239**

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

**65-0520232**

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

**SMALLWOOD, ROBERT T II  
1715 STICKNEY POINT ROAD  
SARASOTA FL 34231**

7. Name and Address of New Registered Agent

Name

**ELLEN HOWARD**

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

**1400 CATHLEMAN RD**

City

**SARASOTA**

FL

Zip Code

**34232**

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

**Ellen R. Howard**

**4/23/03**

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

(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**  
STREET ADDRESS **HOWARD, WILLIAM O JR**  
CITY-ST-ZIP **2704 BEE RIDGE ROAD  
SARASOTA FL 34239**

TITLE ☐ Change ☐ Addition  
NAME **1400 CATHLEMAN RD**  
STREET ADDRESS **SARASOTA, FL**  
CITY-ST-ZIP **34232**

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **HOWARD, ELLEN R**  
CITY-ST-ZIP **2704 BEE RIDGE ROAD  
SARASOTA FL 34239**

TITLE ☐ Change ☐ Addition  
NAME **1400 CATHLEMAN RD**  
STREET ADDRESS **SARASOTA, FL**  
CITY-ST-ZIP **34232**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/03**

Date

**941-901-1210**

Daytime Phone #

CR2E034 (10/02)

Attachment

90112012

P94000068342

NOTICE:

NEW ADDRESS:

HOWARD EMPLOYEE SERVICES INC

1400 CATTLEMEN ROAD SUITE A

SARASOTA, FL 34232