

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 91431 037 ***150.00

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DOCUMENT # P96000090885

1. Entity Name

HOWARD EMPLOYEE SERVICES II, 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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0707962

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMALLWOOD, II, ROBERT-T-P.A.
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 CATLEMAN 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

TITLE **D** ☐ Delete
NAME **HOWARD, WILLIAM O JR.**
STREET ADDRESS **2704 BEE RIDGE ROAD, 2ND FLOOR**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **D** ☐ Delete
NAME **HOWARD, ELLEN R**
STREET ADDRESS **2704 BEE RIDGE ROAD, 2ND FLOOR**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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

941-921-1210

Daytime Phone #

CR2E034 (10/02)