

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084955

1. Entity Name

D. H. HOWARD, INC.

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90173 040 ***150.00

Principal Place of Business 3719 W SWANN AVE TAMPA FL 33609	Mailing Address 3719 W SWANN AVE TAMPA FL 33609-4521
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4427 W. Kennedy Blvd Suite, Apt. #, etc. #125		3. Mailing Address P.O. Box 320342 Suite, Apt. #, etc.	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33609	Country USA	Zip 33679-2342	Country USA

4. FEI Number 59-3490647	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOBBS, ROBERT S 3719 W SWANN AVE TAMPA FL 33609		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

9. 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, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. HOBBS, ROBERT S 3719 W SWANN AVE TAMPA FL 33609 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Hobbs, Robert S. 3719 W. Swann Avenue Tampa, FL 33609 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	/ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Douglas, Bradford G. 4427 W. Kennedy, Suite 125 Tampa, FL 33609 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Hunt, Hamilton E., Jr. 4427 W. Kennedy Blvd., Suite 125 Tampa, FL 33609 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE 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: Hunt, Hamilton E., Jr. 4.24.00 813-209-5511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)