

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091513

1. Entity Name

HOWELL ENTERPRISES OF TALLAHASSEE, INC.

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90087 018 ***150.00

Principal Place of Business

1207 COMMERCIAL PARK DRIVE
TALLAHASSEE FL 32303

Mailing Address

1207 COMMERCIAL PARK DRIVE
TALLAHASSEE FL 32303

2. Principal Place of Business

1205 Commercial Park Dr.

3. Mailing Address

1205 Commercial Park Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32303

Country

LEON

Zip

32303

Country

LEON

6. Name and Address of Current Registered Agent

HOWELL, J. CHARLES
729 LAKE RIDGE DR
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name J. Charles Howell
Street Address (P.O. Box Number is Not Acceptable) 1205 Commercial Park Dr.
City Tallahassee FL Zip Code 32303

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, 2001 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**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HOWELL, J. CHARLES	
STREET ADDRESS	1221 COMMERCIAL PARK DRIVE #G-7	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWELL, CHARLES R	
STREET ADDRESS	1221 COMMERCIAL PARK DRIVE #G-7	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWELL, JUDITH D	
STREET ADDRESS	1221 COMMERCIAL PARK DRIVE #G-7	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. Charles Howell	
STREET ADDRESS	1205 Commercial Park Dr.	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles R. Howell	
STREET ADDRESS	1205 Commercial Park Dr.	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judith D. Howell	
STREET ADDRESS	1205 Commercial Park Dr.	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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:

Judith D. Howell Judith D. Howell 4/26/01 (850) 383-6933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)