

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000095409

1. Entity Name

KEITH HOWARD & ASSOCIATES, P.A.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90015 011 ***150.00

Principal Place of Business

Mailing Address

4319 SALISBURY RD
STE 100
JACKSONVILLE FL 32216

4319 SALISBURY RD
STE 100
JACKSONVILLE FL 32216-0972

2. Principal Place of Business

3. Mailing Address

6261 Whispering Oaks Dr. N.
Suite, Apt. #, etc.

6261 Whispering Oaks Dr. N.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

59-3479207

Applied For

Not Applicable

Zip

Country

32277

USA

Zip

Country

32277

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEAD, KOKO
2970 HARTLEY ROAD
SUITE 104
JACKSONVILLE FL 32257

Name Head, Koko

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

9309 Old Kings Rd. S.

Suite 4

City Jacksonville

FL

Zip Code 32257

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 Koko Head, P.A. Attorney at Law

1-26-2000

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HOWARD, KEITH E	
STREET ADDRESS	4319 SALISBURY RD STE 100	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	TS	<input type="checkbox"/> Delete
NAME	HOWARD, DENA	
STREET ADDRESS	4319 SALISBURY RD STE 100	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6261 Whispering Oaks Dr. N.	
CITY-ST-ZIP	Jacksonville FL 32277	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6261 Whispering Oaks Dr. N.	
CITY-ST-ZIP	Jacksonville FL 32277	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature: Keith E. Howard 4-5-2000 904-762-1919

CR2E034 (9/99)