

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90103 003 ***150.00

DOCUMENT # P97000108795

1. Entity Name
HOWELL BANDAG, INC.



Principal Place of Business
**9911 OLD PALAFOX
PENSACOLA FL 32514**

Mailing Address
**9990 N PENSACOLA BLVD
PENSACOLA FL 32534
US**



2. Principal Place of Business

3. Mailing Address

P.O. Box 341

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Gonzalez

4. FEI Number **59-3501203**

Applied For
Not Applicable

Zip

Country

Zip

Country

32560

Escambia

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

**HOWELL, DAVID H
9911 OLD PALAFOX
PENSACOLA FL 32514**

Name

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

City

FL

Zip Code

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 _____ (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: **HOWELL, DAVID H**
CITY-ST-ZIP: **9911 OLD PALAFOX
PENSACOLA FL 32514**

TITLE: ☐ Change ☒ Addition
NAME: **President**
STREET ADDRESS: **David H. Howell**
CITY-ST-ZIP: **1800 9 1/2 Mile Rd.
Cantonment, FL 32533**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☒ Addition
NAME: **Secretary**
STREET ADDRESS: **Patricia Gunter**
CITY-ST-ZIP: **572 Filly Ct.
Cantonment, FL 32533**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: ☐ Delete
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CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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CITY-ST-ZIP:

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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: **Patricia Gunter**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/03 850-476-7026

CR2E034 (10/02)