

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90124 012 ***150.00

DOCUMENT # **D980000068632** ✓

1. Entity Name
HOWARD'S PLANT FARM, INC.

DO NOT WRITE IN THIS SPACE

831338

2. Principal Place of Business
367 SLEEPY HOLLOW DR
Suite, Apt. #, etc.

3. Mailing Address
PO Box 171
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
INTERLACHEN 71
Zip
32148
Country
PUTNAM

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4. FEI Number
59-3525619
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name
JAMES W. HOWARD, JR

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

367 SLEEPY HOLLOW DR

City
INTERLACHEN **FL** Zip Code
32148

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 **JAMES W. HOWARD, JR**
Signature, typed or printed name of registered agent and title if applicable.

James W. Howard Jr
(NOTE: Registered Agent signature required when reinstating)

4-9-02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
JAMES W. HOWARD, JR
367 SLEEPY HOLLOW DR
INTERLACHEN 71 32148

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **James W. Howard Jr** **JAMES W. HOWARD JR** **4-9-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)