

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90011 026 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

|   |   |   |   |
|---|---|---|---|
| <b>DOCUMENT # F35010</b>  |   |   |   |
| 1. Entity Name<br><b>HOUGH BROTHERS, INC.</b>   |   |   |   |
| Principal Place of Business<br>1950 PALM BAY RD. NE<br>PALM BAY FL 32905  |   | Mailing Address<br>1950 PALM BAY RD. NE<br>PALM BAY FL 32905  |   |
| 2. Principal Place of Business  |   | 3. Mailing Address  |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   |
| City & State  |   | City & State  |   |
| Zip   | Country                                   | Zip   | Country   |
| 6. Name and Address of Current Registered Agent<br><br><b>FRESE, GARY, B., ESQUIRE</b><br><b>903 S. HARBOR CITY BLVD. #505</b><br><b>MELBOURNE FL 32901</b>   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.   |   |   |   |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |   | DATE _____<br><small>(NOTE: Registered Agent signature required when reinstating)</small>   |   |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>  |   | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> |   |
|   |   | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                    |   |
| 11. OFFICERS AND DIRECTORS  |   |   |   |
| TITLE   | <b>S</b> <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | <b>HOUGH, SANDRA J.</b>                   | NAME  |   |
| STREET ADDRESS  | <b>1598 MANZANITA ST. N.W.</b>            | STREET ADDRESS  |   |
| CITY-ST-ZIP   | <b>PALM BAY FL</b>                        | CITY-ST-ZIP   |   |
| TITLE   | <b>PD</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | <b>HOUGH, CHARLES V</b>                   | NAME  |   |
| STREET ADDRESS  | <b>0000 CITRUS AVE NE</b>                 | STREET ADDRESS  |   |
| CITY-ST-ZIP   | <b>PALM BAY FL</b>                        | CITY-ST-ZIP   |   |
| TITLE   | <b>VD</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | <b>HOUGH, RAYMOND W</b>                   | NAME  |   |
| STREET ADDRESS  | <b>230 BRANTLEY ST.</b>                   | STREET ADDRESS  |   |
| CITY-ST-ZIP   | <b>PALM BAY FL</b>                        | CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Delete           | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   | NAME  |   |
| STREET ADDRESS  |   | STREET ADDRESS  |   |
| CITY-ST-ZIP   |   | CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Delete           | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   | NAME  |   |
| STREET ADDRESS  |   | STREET ADDRESS  |   |
| CITY-ST-ZIP   |   | CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Delete           | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   | NAME  |   |
| STREET ADDRESS  |   | STREET ADDRESS  |   |
| CITY-ST-ZIP   |   | 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: <u>Sandra J. Hough, Corp. Sec.</u>   |   | Date: <u>1/8/01</u> Daytime Phone #: <u>321-725-2995</u>  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br><u>Sandra J. Hough</u>  |   |   |   |

CR2E034 (10/00)