2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98715

1. Entity Name

HOUCK CORPORATION

FILED
May 09, 2000 8:00 am
Secretary of State
05-09-2000 90037 004 ***150.00

Principal Place of Business	Mailing Address
11643 GROVE ST. SEMINOLE FL 3372--137 US	11643 GROVE ST. SEMINOLE FL 33772-7137

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
U.S 1	U.S. 1
Suite, Apt. #, etc. P.O Box 510297	Suite, Apt. #, etc. P.O Box 510297
City & State Key Colony Beach, Fla	City & State Key Colony Beach Fla
Zip 33051 Country	Zip 33051 Country

4. FEI Number 62-1366176 ☐ Applied For ☐ Not Applicable

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
TEVLIN, JOHN L 11643 GROVE ST. SEMINOLE FL 34642	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.

SIGNATURE [signature] John L. Tevlin President DATE 4/25/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TEVLIN, JOHN 11643 GROVE ST. SEMINOLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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] John L. Tevlin 4/25/00 727-638-0161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #