

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90107 001 \*\*\*150.00

**DOCUMENT # M98715**

1. Entity Name  
**HOUCK CORPORATION**

Principal Place of Business

**U.S. 1**  
**PO BOX 510297**  
**KEY COLONY BEACH FL 33051**  
**US**

Mailing Address

**U.S. 1**  
**PO BOX 510297**  
**KEY COLONY BEACH FL 33051**

2. Principal Place of Business

**360-12<sup>TH</sup> Street**  
 Suite, Apt. #, etc.  
**PO Box 510297**

3. Mailing Address

**360-12<sup>TH</sup> Street**  
 Suite, Apt. #, etc.  
**P.O. Box 510297**



DO NOT WRITE IN THIS SPACE

City & State

**Key Colony Beach, FL**

City & State

**Key Colony Beach FL**

4. FEI Number

**62-1366176**

Applied For

Not Applicable

Zip

Country

**33051-0297** **US**

Zip

Country

**33051-0297** **US**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TEVLIN, JOHN L**  
**360-12TH ST**  
**KEY COLONY BCH FL 33051**

7. Name and Address of New Registered Agent

Name **SAME**

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

**SAME**

**P.O. Box 510297**

City **SAME**

**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, 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, 2002 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	TEVLIN, JOHN	360 12TH ST BOX 510297	KEY COLONY BCH FL 33051	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*John L. Tevlin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02 727-638-0161  
 Date Daytime Phone #

CR2E034 (9/01)