

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90414 030 \*\*\*150.00

0502366 AV

**DOCUMENT # P94000033774**

1. Entity Name  
**B & E HOUCK ENTERPRISES, INC.**



Principal Place of Business  
**2982 CURTIS KING BLVD  
FORT PIERCE FL 34946**

Mailing Address  
**2982 CURTIS KING BLVD  
FORT PIERCE FL 34946**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HOUCK, ERROL  
9460 MEADOWOOD DRIVE  
APT 106  
FORT PIERCE FL 34951**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**2982 Curtis King Blvd.**  
City **Fort Pierce** **FL** Zip Code **34946**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>HOUCK, BARBARA J</b>	
STREET ADDRESS	<b>4007 MEADOWOOD DRIVE</b>	
CITY-ST-ZIP	<b>FORT PIERCE FL 34951</b>	
TITLE	STD	<input type="checkbox"/> Delete
NAME	<b>HOUCK, ERROL</b>	
STREET ADDRESS	<b>4007 MEADOWOOD DRIVE</b>	
CITY-ST-ZIP	<b>FORT PIERCE FL 34951</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>HOUCK, ADAM</b>	
STREET ADDRESS	<b>5514 EAGLE DRIVE</b>	
CITY-ST-ZIP	<b>FORT PIERCE FL 34951</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2982 Curtis King Blvd.</b>	
CITY-ST-ZIP	<b>Fort Pierce, FL 34946</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2982 Curtis King Blvd.</b>	
CITY-ST-ZIP	<b>Fort Pierce, FL 34946</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **SIGNATURE REQUIRED** **4/28/03 772-48-2285**

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

CR2E034 (10/02)