

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90060 023 \*\*\*150.00

**DOCUMENT # 562569**

1. Entity Name

**HOUCHIN CONSTRUCTION, INC.**

Principal Place of Business

Mailing Address

465 PRODUCTION BLVD.  
 NAPLES FL 34104

465 PRODUCTION BLVD.  
 NAPLES FL 34104

BU022228



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1833447**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**HOUCHIN, ROBERT E.**  
**2303 QUEENS WAY**  
**NAPLES FL 33962**

Name

**Houchin, Robert E.**

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

**140 Tahiti St.**

City

**Naples**

FL

Zip Code

**34113**

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, 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  Delete  
 NAME **PT HOUCHIN, ROBERT EUGENE**  
 STREET ADDRESS **2303 QUEENS WAY**  
 CITY-ST-ZIP **NAPLES, FL 00000**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **140 Tahiti St.**  
 CITY-ST-ZIP **Naples, FL 34113**

TITLE  Delete  
 NAME **VS O'DEAN, MALCOLM H.**  
 STREET ADDRESS **128 NAPA RIDGE WAY**  
 CITY-ST-ZIP **NAPLES FL 34119**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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:

**Robert E. Houchin, Pres**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/10/00**  
 Date

**941 643-1783**  
 Daytime Phone #