

*Amended*

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

APPROVED  
AND  
FILED

DOCUMENT # 621754

1. Entity Name

Pink House, Inc.



03 NOV 24 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
5535 U S 27 South

Suite, Apt. #, etc.

3. Mailing Address  
5535 U S 27 South

Suite, Apt. #, etc.

City & State  
Sebring, FL

Zip  
33870

Country

City & State  
Sebring, FL

Zip  
33870

Country

4. FEI Number  
59-1948807

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

300024095809  
12/10/03--01068--031 \*\*26.25

DO NOT WRITE IN THIS SPACE

10/31/03 01019 009 35.00

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Havlock, Mildred

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

5535 U S 27 South

City Sebring

FL

Zip Code  
33870

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Havlock, Mildred - President  
5535 U S 27 South  
Sebring, FL 33870

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Havlock, Todd - Vice President  
Same as above

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Anzueto, Gina - Secretary

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Anzueto, Jose - Treasurer

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Mildred Havlock*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/03

Date

(863)382-1117

Daytime Phone #

CR2E034B (12/02)