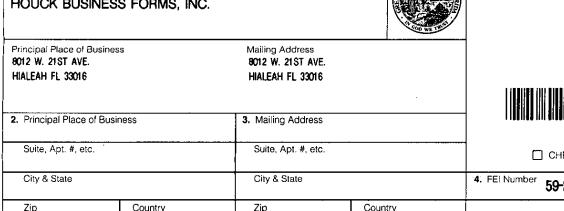
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F45371 **DOCUMENT #**

1. Entity Name

HOUCK BUSINESS FORMS, INC.



FILED Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90147 012 ***150.00

Principal Plac 8012 W. 21ST HIALEAH FL 3			8012	Mailing Address 8012 W. 21ST AVE. HIALEAH FL 33016									
2. Principal P	Place of Busine	3. Ma	3. Mailing Address					BBO 1202 02020 01802	i Babai Bibli	ACDIY BIBYI IBDI			
Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State	е		City	City & State			4.	4. FEI Number 59-2147199			Applied For Not Applicable		
Zip Country			Zip	Zip C			5.				75 Additional Required		
	6. Name a	ind Addres	s of Current Register	ed Agent	~	- 4	z <u>-</u> 7.	Name and Address of New F	Registered Ag	ent		1	
HAHAH I				Nam			•						
HOUCK, J							Street Address (P.O. Box Number is Not Acceptable)						
8012 W 2				-									
HIALEAH I	FL 33016												
						City			FL	Zip Co	ode		
the obligati	ions of register	ed agent.			registere	ed office or	registered ag	gent, or both, in the State of Flo	orida. I am far	miliar with	n, and accept		
ş**	Signature, typed or	printed name o	f registered agent and title if app	olicable. (NOT	E: Registere	d Agent signatu	re required when r	einstating)	DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Rayable to Florida Department			be \$550.00	f State				9. Election Campaign Fin Trust Fund Contributio			00 May Be ed to Fees		
10.		OF	FICERS AND DIRECTO	PRS	11.		ΑC	DDITIONS/CHANGES TO OFF	ICERS AND C	IRECTO	RS IN 11	_ [
TITLE ¿ NAME STREET ADDRESS CITY-ST-ZIP	DPT HOUCK, JA 8012 W 218 HIALEAH FL	ST AVE				ŀ			[Change	☐ Addition	00/07/700	
TITLE NAME Street Address City-St-Zip	**			☐ Delete					[Change	Addition	100	
TITLE NAME STREET ADDRESS (CITY-SI-ZIP		· _		- Delete	Delete TITLE NAME STREET CITY-S					`Change	Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete						Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5			☐ Delete				· .	<u></u>	Change	Addition		

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:

FURE REQUIRED

305 556 0924 103

Daytime Phone #