

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 17, 2001 08:00 AM**
Secretary of State**DOCUMENT # K71961**1. Entity Name
HOUSER MARINE INDUSTRIES, INC.

Principal Place of Business 1180 SOUTH PATRICK DRIVE SATELLITE BEACH FL 32937	Mailing Address 1180 SOUTH PATRICK DRIVE SATELLITE BEACH FL 32937
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2942924

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**HOUSER, DANIEL R.**
904 KING'S POST ROAD**ROCKLEDGE FL**
32955

US

FL

7. Name and Address of New Registered Agent

Name

HOUSER DANIEL RSTStreet Address (P.O. Box Number is Not Acceptable)
904 KINGS POST RD.City
ROCKLEDGE FL**FL**Zip Code
32955

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 **DANIEL R. HOUSER****01/17/2001**

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	DURVEA RON	
STREET ADDRESS	116 ISLAND VIEW DRIVE	
CITY-ST-ZIP	INDIAN HARBOR BCH FL 32937	

TITLE	D	<input type="checkbox"/> Delete
NAME	HOUSER TIMOTHY L	
STREET ADDRESS	1100 JOHN RHODES BLVD #120	
CITY-ST-ZIP	MELBOURNE FL 32935	

TITLE	VP	<input type="checkbox"/> Delete
NAME	HOUSER THOMAS G	
STREET ADDRESS	1780 CADILLAC CIR	
CITY-ST-ZIP	MELBOURNE FL 32935	

TITLE	ST	<input type="checkbox"/> Delete
NAME	HOUSER DANIEL R	
STREET ADDRESS	904 KINGS POST ROAD	
CITY-ST-ZIP	ROCKLEDGE FL 32955	

TITLE	D	<input type="checkbox"/> Delete
NAME	HOUSER LYLE	
STREET ADDRESS	5825 SOUTH US #1	
CITY-ST-ZIP	ROCKLEDGE FL	

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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STREET ADDRESS		
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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		

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: DANIEL R. HOUSER

ST

01/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)