

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90628 039 ***150.00

0394695 AV

DOCUMENT # P94000000548

1. Entity Name

EDWARD B. HOUCK II ED. S., P.A.

Principal Place of Business

Mailing Address

1357 S MILITARY TR
DEERFIELD BEACH FL 334421357 S MILITARY TR
DEERFIELD BEACH FL 33442

2. Principal Place of Business

3. Mailing Address

2499 Glades Rd

4215 Palm Forest Dr. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 308

Boca Raton FL

Delray Beach FL

Zip

Country

Zip

Country

334131

33444



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0459718

Applied For

Not Applicable

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

HOUCK, EDWARD B II
 1357 S MILITARY TR
 DEERFIELD BEACH FL 33442

Name

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

City

FL

Zip Code

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, 2002 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 D
 STREET ADDRESS HOUCK, EDWARD B II
 CITY-ST-ZIP 1357 S MILITARY TR
 DEERFIELD BEACH FL 33442

TITLE ☒ Change ☐ Addition
 NAME P
 STREET ADDRESS HOUCK, EDWARD B II
 CITY-ST-ZIP 4215 Palm Forest Dr. S.
 Delray Beach FL 33444

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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:

Edward B. Houck II
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-18-02 561 750 6037

CR2E034 (9/01)