

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000000555

1. Entity Name
HOUSE ENTERPRISE, INC.

Principal Place of Business

P.O. BOX 1505
HWY. 270
QUINCY FL 32351
US

Mailing Address

P.O. BOX 1505
HWY. 270
QUINCY FL 32351
US

2. Principal Place of Business

18246 BLUE STAR HWY

3. Mailing Address

18246 BLUE STAR HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

QUINCY, FL

City & State

QUINCY, FL

Zip

32351

Country

U.S.

Zip

32351

Country

U.S.

6. Name and Address of Current Registered Agent

TRAVIS, ROBERT L JR
2851 MUIRWOOD CT.
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

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, 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 **P** ☐ Delete
NAME **HOUSE, JOHNNIE JR**
STREET ADDRESS **HWY 270**
CITY-ST-ZIP **GREENSBORO FL 32330**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *X Johnnie Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

(850) 627-7632

Daytime Phone #

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90125 011 ***150.00

00047239



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3261462**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

CR2E034 (10/00)