2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000057782

1. Entity Name

PHILLIP C. HOUSTON, P.A.

FILED Mar 01, 2000 8:00 am Secretary of State 03-01-2000 90005 013 ***150.00

Daytime Phone #

Principal Place of Business Mailing Address										
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· · · · · · · · · · · · · · · · · · ·	ace of Business	_	3. Mailing Address				(() 			
1551 Forum Place Suite, Apt. #, etc.			1551 Forum Place Suite, Apt. #, etc.			DO NOT WE	RITE IN THIS SP	ACE		
			Suite 500-C City & State			DO NOT W	1112 114 11110 01	NOL		
Suite 50 City & State		:				4. FEI Number CE 0001010 Applied For				
West Palm Beach, Fla			West Palm Beach, Fla			4. FEI Number 65-0601616 Not Applica				
West Pa.	Country	Zip	Zip Cour			Certificate of Status Desired	\$	8.75 Addi	itional	
33401	USA	33401	τ	JSA			— Fe	e Required	l	
	6. Name and Address of Cui		nt		7. !	Name and Address of New	Registered Ag	ent		
HOUSTON, PHILLIP C 250 AUSTRALIAN AVE SOUTH SUITE 1107 WEST PALM BEACH FL 33401				Phillip C. Houston Street Address (P.O. Box Number is Not Acceptable) 1551_Forum_Place Suite 500-C City West Palm Beach Zip Code 33401						
8. The above	named entity submits this statemy	ent for the purpose of	changing its regis	tered office or	registered ag	gent, or both, in the State of I	Florida.			
SIGNATURE _	11ip C. H	louston			2/22	2/2000				
JIGIVATORE _	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Regis	stered Agent signatu	re required when r	einstating)	DATE			
Tax filing re	oration is eligible to satisfy its Intar equirement and elects to do so. ia on back)	After	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of S			10. Election Campaign I Trust Fund Contribut			May Be to Fees	
11.	OFFICERS	AND DIRECTORS		12.	Αſ	DDITIONS/CHANGES TO O	FFICERS AND [DIRECTORS	SIN 11	
TITLE	D	_		TITLE		 	1	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	HOUSTON, PHILLIP C 250 AUSTRALIAN AVE SOUTH SUITE 1107			NAME Street address City-St-Zip	1551 Forum Place, Suite 500-C					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			1	TITLE NAME STREET ADDRESS CITY-ST-ZIP			ſ	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP]-Delete ~	TITLE NAME STREET ADDRESS CITY-ST-ZIP		~		Change	Addition	
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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.