

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000048549

1. Entity Name

HOUSTON ASSOCIATES CONSULTANTS, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90002 047 ***150.00

Principal Place of Business

599 S COLLIER
SUITE 500
MARCO ISLAND FL 34145
US

Mailing Address

599 S COLLIER
SUITE 500
MARCO ISLAND FL 34145-5510
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 785

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MARCO ISLAND, FL

Zip

Country

Zip

3 4146

Country

COLLIER

4. FEI Number

59-3387988

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

HODGES, HOUSTON R

490 SPINNAKER COURT

MARCO ISLAND FL 34145

P.O. Box 785

3 4146

599 S. COLLIER BLVD. STE 500

MARCO ISLAND, FL 34145

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	HODGES, HOUSTON R	
STREET ADDRESS	490 SPINNAKER COURT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	D	<input type="checkbox"/> Delete
NAME	HODGES, MARLA T	
STREET ADDRESS	490 SPINNAKER COURT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE		<input type="checkbox"/> Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)