

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90080 024 ***150.00

DOCUMENT # P96000048549

1. Entity Name

HOUSTON ASSOCIATES CONSULTANTS, INC.

Principal Place of Business

Mailing Address

599 S COLLIER
SUITE 500
MARCO ISLAND FL 34145
US

P.O. BOX 785
MARCO ISLAND FL 34146
US

2. Principal Place of Business

3. Mailing Address

410 BAYFRONT PL

X

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#2205

2205

City & State

City & State

NAPLES, FL

2205 ISLAND FL

Zip

Country

Zip

Country

34102 COLLIER

34146 COLLIER

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HODGES, HOUSTON R

H. Ray Hodges
410 Bayfront Place #2205
Naples, FL 34102

Name

HODGES HOUSTON R

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

H. Ray Hodges
410 Bayfront Place #2205
Naples, FL 34102

FL

Zip Code

34102

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

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
NAME		
STREET ADDRESS		
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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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/00)