

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000073853

1. Entity Name
MANATIKI, INC.

Principal Place of Business
**200 NORTH INDIAN RIVER DRIVE
FT. PIERCE FL 34950
US**

Mailing Address
**200 NORTH INDIAN RIVER DRIVE
FT. PIERCE FL 34950
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0860440**

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, R E
2982 AVIATION WAY
FORT PIERCE FL 34946**

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 _____ (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 **V** ☐ Delete
NAME **HOUCK, BARBARA**
STREET ADDRESS **4007 MEADOWOOD DRIVE**
CITY-ST-ZIP **FT PIERCE FL 34951**

TITLE ☐ Change ☒ Addition
NAME **S/T JENNIFER HOUCK**
STREET ADDRESS **5514 EAGLE DRIVE**
CITY-ST-ZIP **FORT PIERCE, FL 34951**

TITLE **P** ☐ Delete
NAME **HOUCK, R E**
STREET ADDRESS **4007 MEADOWOOD DRIVE**
CITY-ST-ZIP **FORT PIERCE FL 34951**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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: *R. Enol Houch*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/01 561-489-2285
Date Daytime Phone #

FILED
Mar 14, 2001 8:00 am
Secretary of State
03-14-2001 90510 029 ***150.00



DO NOT WRITE IN THIS SPACE

CP2E034 (10/00)