

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90680 046 ***550.00

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0860440

Applied For
 Not Applicable

Zip

Country

Zip

Country

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 - Curtis King Blvd.~~
FORT PIERCE FL 34946-9101

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, 2002 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 **2982 Curtis King Blvd.**
 STREET ADDRESS **Fort Pierce, FL 34946-9101**
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
 NAME **2982 Curtis King Blvd.**
 STREET ADDRESS **Fort Pierce, FL 34946-9101**
 CITY-ST-ZIP

TITLE **ST** ☐ Delete
 NAME **HOUCK, JENNIFER**
 STREET ADDRESS **5514 EAGLE 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
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Ricardo Houck
Ricardo Houck
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)