04/27/2001 17:16 219484211515 CHRISTEN SOUE

FILED
May 21, 2001 8:00 am
Secretary of State
05-21-2001 90351 041 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059026

1. Entity Name
HOUK CONSULTING, INC.

A00070560

Principal Place of Business
~~320 VICTORIA AVENUE~~
~~FORT MYERS FL 33901~~

Mailing Address
~~1320 VICTORIA AVENUE~~
~~FORT MYERS FL 33901~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 225 Hibiscus Drive
Suite, Apt. #, etc.
City & State: Fort Myers Beach, FL
Zip: 33931 Country: USA

3. Mailing Address: 225 Hibiscus Drive
Suite, Apt. #, etc.
City & State: Fort Myers Beach FL
Zip: 33931 Country: USA

4. FEI Number: 52-2178722 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~ENGVALSON, KATHY~~
~~1320 VICTORIA AVENUE~~
~~FORT MYERS FL 33901~~
Kathleen G. Houk
President
225 Hibiscus
Ft Myers Bch, Fl
33931

7. Name and Address of New Registered Agent
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: (X) Kathleen G Houk President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

[redacted]

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	
TITLE	D PRESIDENT + Secy ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	HOUK, KATHLEEN G	NAME	
STREET ADDRESS	~~1320 VICTORIA AVENUE~~	STREET ADDRESS	225 Hibiscus Drive
CITY-ST-ZIP	~~FORT MYERS FL 33901~~	CITY-ST-ZIP	Fort Myers Beach, FL 33931
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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; [illegible] changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: (X) Kathleen G. Houk President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR [illegible]