

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068639

1. Entity Name

ANTHONY J. HOUGHTON & ASSOCIATES, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90023 049 ***150.00

Principal Place of Business

2655 N. OCEAN DR., STE. 300
SINGER ISLAND FL 33404

Mailing Address

2655 N. OCEAN DR., STE. 300
SINGER ISLAND FL 33404-4733

2. Principal Place of Business

2655 N. Ocean Dr. Suite 300
Suite, Apt. #, etc.

3. Mailing Address

2655 N. Ocean Drive
Suite, Apt. #, etc.
Suite 300

City & State

Singer Island FL

City & State

Singer Island FL

Zip

33404

Country

Palm Beach

Zip

33404

Country

Palm Beach

4. FEI Number

65-0936003

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOUGHTON, ANTHONY J
5280 N. OCEAN DR., APT. 5C
SINGER ISLAND FL 33404

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	Anthony J Houghton	President	5280 N. Ocean Dr Apt 5C Singer Island FL 33404	☐
	Secretary-Treasurer	Isabel D. Houghton	5280 N. Ocean Dr Apt 5C Singer Island FL 33404	☐
				☐
				☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 (3/9/93)