2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103162

1. Entity Name

HOUCK ENTERPRISES, INC.

Principal Place of Business Mailing Address 702 MAPLEWOOD DR. 702 MAPLEWOOD DR. W. PALM BEACH FL 33415 W. PALM BEACH FL 33415 2. Principal Place of Business 3. Mailing Address SAME. SAME AS ABOVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-<u>0972826</u> Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAGERSTROM, JANET C Street Address (P.O. Box Number is Not Acceptable) 2581 JUPITER PARK DR., #F5 JUPITER FL 33458 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. ГΠ Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Michael Houck, fres Delete Change Addition TITLE TITLE 702 maplewood Drive NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Michael Houck, Vice Press Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS U. Palm Beach FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Michael Houck, Treasurer TITLE NAME NAME To2 maplewood Ar STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Secretario Belinda Houck NAME NAME 702 maplewood Dr. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP m Beach CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE TITLE Addition NAME NAME

13. Thereby 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.

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY-ST-7IP

Cres 4-30-61

May 16, 2001 8:00 am Secretary of State

05-16-2001 90207 034 ***150.00

CR2E034 (10/00)