

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90106 015 ***158.75

DOCUMENT # S45774

1. Entity Name

HOUDYSHELL, INC.

Principal Place of Business

Mailing Address

P. O. BOX 4200
VERO BEACH FL 32964-1200

P. O. BOX 4200
VERO BEACH FL 32964

911336



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

59-3069387

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

HOUDYSHELL, VANCE W.
22 STARFISH DRIVE
VERO BEACH, 32960

Name

VANCE W HOUDYSHELL

Street Address (P.O. Box Number is Not Acceptable)

897 INDIAN LANE

VERO BEACH

32963

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

VANCE W HOUDYSHELL

1-14-2000

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	PTD	<input type="checkbox"/> Delete
NAME	HOUDYSHELL, VANCE W	
STREET ADDRESS	22 STARFISH DR	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HOUDYSHELL, JAMES E	
STREET ADDRESS	22 STARFISH DRIVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	SS	<input checked="" type="checkbox"/> Delete
NAME	HOUDYSHELL, VANCE W.	
STREET ADDRESS	22 STARFIS DR	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUDYSHELL, VANCE	
STREET ADDRESS	897 INDIAN LANE	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	Vice President/Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUDYSHELL, JAMES E	
STREET ADDRESS	22 STARFISH DRIVE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

VANCE W HOUDYSHELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-2000

Date

561 563-71

561 234 71