

2001 UNIFORM BUSINESS REPORT (UBR)

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 32964-1200

2. Principal Place of Business

3. Mailing Address

22 STARFISH DR.
Suite, Apt. #, etc.

22 STARFISH DR.
Suite, Apt. #, etc.

City & State

City & State

VERO BEACH, FL.

VERO BEACH, FL.

Zip

Country

Zip

Country

32960

INDIAN RIVER

32960

INDIAN RIVER

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOUDYSHELL, VANCE W.
897 INDIAN LANE
VERO BEACH FL 32963

Name

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

City

FL

Zip Code

32960

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

JAMES E. HOUDYSHELL

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-01

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, 2001 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 PT
NAME HOUDYSHELL, VANCE W
STREET ADDRESS 897 INDIAN LANE
CITY-ST-ZIP VERO BEACH FL 32963 ☒ Delete

TITLE PT
NAME JAMES E. HOUDYSHELL
STREET ADDRESS 22 STARFISH DR.
CITY-ST-ZIP VERO BEACH FL 32960 ☐ Change ☐ Addition

TITLE VS
NAME HOUDYSHELL, JAMES E
STREET ADDRESS 22 STARFISH DRIVE
CITY-ST-ZIP VERO BEACH FL 32960 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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 #

JAMES E. HOUDYSHELL 1-6-2001 561 569-4975

FILED
Jan 17, 2001 8:00 am
Secretary of State
01-17-2001 90077 029 ***150.00

602972



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)