

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91148 033 ***150.00

DOCUMENT # V16114

1. Entity Name

HOUCK, HAMILTON & ANDERSON, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 S. BISCAYNE BOULEVARD

Suite, Apt. #, etc.

SUITE 300

City & State

MIAMI, FL

Zip

33131

Country

US

3. Mailing Address

200 S. BISCAYNE BOULEVARD

Suite, Apt. #, etc.

SUITE 300

City & State

MIAMI, FL

Zip

33131

Country

US

4. FEI Number

65-0313103

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

C T CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND BOULEVARD

City

PLANTATION

FL

Zip Code

33324

**DO NOT WRITE
IN THIS SPACE**

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 use if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

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

**January 1 - May 15 Fee is \$150.00
After May 15 Fee is \$550.00
Amended UBR is \$61.25
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 PTSD
NAME HOUCK, MARK
STREET ADDRESS 6180 N.W. 122 TERRACE
CITY-ST-ZIP CORAL SPRINGS, FL 33076

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark R. Houck

5/1/02

305-372-9044

Date

Daytime Phone

CR2E034B (12/01)