

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90086 032 \*\*\*158.75

**DOCUMENT # M94913**

1. Entity Name  
**HTS CONTROLS, INC.**

Principal Place of Business

% GEORGE B. VERPLANCK  
 4918 WEST GRACE STREET  
 TAMPA FL 33607

Mailing Address

% GEORGE B. VERPLANCK  
 4918 WEST GRACE STREET  
 TAMPA FL 33607-3806

2. Principal Place of Business

4918 West Grace Street  
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 24169  
 Suite, Apt. #, etc.

City & State  
 Tampa, Florida

Zip Country  
 33607 U.S.A.

City & State  
 Tampa, Florida

Zip Country  
 33623 U.S.A.

4. FEI Number **59-2906586**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VERPLANCK, GEORGE B.  
 4918 WEST GRACE STREET  
 TAMPA FL 33607

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
P	VERPLANCK, GEORGE B.	1110 CULBREATH ISLES	TAMPA FL	<input type="checkbox"/>
ST	FREILINGER, LINDA S	190 112TH AVE N #1332	ST. PETERSBURG FL 33716	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		2912 West Chaplin Avenue	Tampa, FL 33611	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1941 Promenade Way	Clearwater, FL 33760	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 empowerers.

SIGNATURE:

George B. Verplanck  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*George B. Verplanck* 3/8/2000

Date

Daytime Phone #

(813) 287-0709