

*Amended*

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

02 JUL 26 2002 12:02:24 \*\*\*\*\*61:25  
FILED P99000091905

02 JUL 26 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B0132377

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000091905

1. Entity Name

H.P. INVESTMENT GROUP INC. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

133 W. Bay AVE  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 520385  
Suite, Apt. #, etc.

City & State

Longwood FL

City & State

Longwood FL

4. FEI Number

59-3603664

Applied For

Not Applicable

Zip

32750

Country

USA

Zip

32752

Country

USA

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Paschall, W. Hunter  
Street Address (P.O. Box Numbers Not Acceptable)

133 W Bay Ave.

City Longwood

FL

Zip Code

32750

8. The above named entity submits this statement for the purpose of having an office of registered agent, or both, in the State of Florida.

SIGNATURE

*W. Hunter Paschall*

*W. Hunter Paschall*

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

(NO ILL. 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 Fee is \$150.00  
After May 1 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	P
NAME	Paschall, Debbie
STREET ADDRESS	133 W Bay Ave.
CITY-ST-ZIP	Longwood, FL. 32750
TITLE	
NAME	Paschall, Hunter
STREET ADDRESS	133 W. Bay Ave.
CITY-ST-ZIP	Longwood, FL. 32750
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), 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 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Debbie Paschall*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/02 32122P-3150

DATE

Daytime Phone #

*W. Hunter Paschall*  
*Mailed*

7/28/02

CR2E0348 (12/01)