

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F40662

1. Entity Name

H.T. MARKETING OF FLORIDA, INC.

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90204 015 ***150.00

Principal Place of Business Mailing Address
605C COMMERCIAL DRIVE PO BOX 1828
HOLLY HILL FL 32117 ORMOND BEACH FL 32175-1828
US US

2. Principal Place of Business 3. Mailing Address

123 N Orchard ST

Suite, Apt. #, etc.

5A

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

City & State

Zip Country

32174 USA

Zip Country

4. FEI Number 59-2118711

Applied For

Not Applied For

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

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
P.O. BOX 191
DAYTONA BEACH FL 32014

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST
NAME KELLEY, EDWARD I
STREET ADDRESS 8 TIDEWATER DRIVE
CITY-ST-ZIP ORMOND BCH FL ☐ Delete

TITLE PST
NAME Kelley, Edward I
STREET ADDRESS 53 River Ridge Trail
CITY-ST-ZIP Ormond Beach, FL 32174 ☒ Change ☐ Addition

TITLE D
NAME KELLEY, EDWARD I
STREET ADDRESS 8 TIDEWATER DR
CITY-ST-ZIP ORMOND BCH FL ☐ Delete

TITLE D
NAME Kelley Edward I
STREET ADDRESS 53 River Ridge Trail
CITY-ST-ZIP Ormond Beach FL 32174 ☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 #

1-12-2000 904.676-545