

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K49411

1. Entity Name
HTD, INC.

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90042 014 ***550.00

Principal Place of Business Mailing Address 4955 Three Oaks Blvd
1970 BARBER RD 4955 Three Oaks Blvd 1970 BARBER RD
SARASOTA FL 34240 SARASOTA FL 34240
US 34233 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0095384		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ELLWOOD, KEVIN D 1970 BARBER ROAD SARASOTA FL 34240		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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ELLWOOD, KEVIN 1644 GEORGETOWN BV SARASOTA FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ELLWOOD, MARCELLA 1644 GEORGETOWN BV SARASOTA FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ELLWOOD, KEVIN 4955 Three Oaks Blvd Sarasota FL 34233		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ELLWOOD, MARCELLA 4955 Three Oaks Blvd Sarasota FL 34233		
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			

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/2000 941-921-9825
Date Daytime Phone #

CR2E034 (5/00)