

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

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90425 020 ***158.75

DOCUMENT # **K78597**

1. Entity Name

HCT-2 Enterprises, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

26065 Loblolly Lane

3. Mailing Address

26065 Loblolly Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Land O Lakes, FL

City & State

Land O Lakes, FL

4. FEI Number

59-3011395

Applied For

Not Applicable

Zip

Country

34639

US

Zip

Country

34639

US

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Marian L. Jasperson

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

26065 Loblolly Lane

City

Land O Lakes

FL

Zip Code

34639

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)



January 1 - May 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 **DPST**
NAME **Harold C. Jasperson, Jr.**
STREET ADDRESS **26065 Loblolly Lane**
CITY-ST-ZIP **Land O Lakes, FL 34639**

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IN THIS SPACE**

CR2E034B (12/01)

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 of all other the empowered.

SIGNATURE:

HAROLD C. JASPERSON, JR. (PRES.)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 213-973-3938

Date

Daytime Phone #