

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90002 005 \*\*\*\*50.00

**DOCUMENT # L00000010848**

1. Entity Name

**HPT ENTERPRISES, LLC**



Principal Place of Business

~~7917 LEMANS DRIVE~~  
JACKSONVILLE FL 32210

Mailing Address

~~7917 LEMANS DRIVE~~  
JACKSONVILLE FL 32210

*6809 Mc Mullin St* *6809 Mc Mullin St*



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3673927**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMPSON, HARRY P JR.**  
~~7917 LEMANS DRIVE~~  
JACKSONVILLE FL 32210

*6809 Mc Mullin St*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  Delete  
NAME **MGRM**  
STREET ADDRESS **THOMPSON, HARRY P JR.**  
CITY-ST-ZIP ~~7917 LEMANS DRIVE~~ *6809 Mc Mullin*  
**JACKSONVILLE FL 32210**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Harry P. Thompson* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*2/21/03* *904-781-7846*  
Date Daytime Phone #

CR2E083 (10/02)