

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90237 043 \*\*\*\*61.25

**DOCUMENT # N36699**

1. Entity Name  
**H. T. P. FOUNDATION, INC.**

Principal Place of Business Mailing Address  
**6515 TARAWA DR. C/O JOHN MARX**  
**SARASOTA FL 34241 6515 TARAWA DR.**  
**US SARASOTA FL 34241**  
**US**

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.  
 City & State City & State

Zip Country Zip Country

4. FEI Number **59-2998394** Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**SMYZER, ROGER**  
**250 SIESTA LN**  
**LARGO FL 33770**

**7. Name and Address of New Registered Agent**

Name **John Marx**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6515 TARAWA DR**  
 City **Sarasota** FL Zip Code **34241**

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 **John Marx** DATE **April 19/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME	<b>SD SMYZER, ROGER</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>260 SIESTA LN</b>	
CITY-ST-ZIP	<b>LARGO FL 33770</b>	
TITLE NAME	<b>T INCH, JACK</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>11412 CRYSTAL AVE</b>	
CITY-ST-ZIP	<b>KANSAS CITY_MO 64134</b>	
TITLE NAME	<b>TD MARK, JOHN</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>6515 TARAWA DR.</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34241</b>	
TITLE NAME	<b>T RIX, MICHAEL</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>3 BEECROFT CT</b>	
CITY-ST-ZIP	<b>WHITBY, ONT, CANADA L1-P1C7</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>S.T.T.V. MARK JOHN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>6515 TARAWA DR</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34241</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>A.T. HENNESSY DON</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>3-300 Invergordon Avc</b>	
CITY-ST-ZIP	<b>Toronto Ont. Canada M1S4K7</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Don Hennessy** DATE: **April 19/02** 416-871-1878  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)