

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90104 003 ***550.00

DOCUMENT # P00000027928

1. Entity Name
H & P TRANSPORT & LEASING INC.

Principal Place of Business Mailing Address
5190 VACARO AVE 5190 VACARO AVE
COCOA FL 32926 COCOA FL 32926

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 Applied For
593640080 Not Applicable

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

POWERS, JENNIFER
5190 VACARO AVE
COCOA FL 32926

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	D <input type="checkbox"/> Delete
NAME	HUTCHINGS, ROBERT
STREET ADDRESS	5325 VACARO AVE
CITY-ST-ZIP	COCOA FL 32926
TITLE	D <input type="checkbox"/> Delete
NAME	POWERS, TROY
STREET ADDRESS	5190 VACARO AVE
CITY-ST-ZIP	COCOA FL 32926
TITLE	D <input type="checkbox"/> Delete
NAME	HUTCHINGS, NANCY
STREET ADDRESS	5325 VACARO AVE
CITY-ST-ZIP	COCOA FL 32926
TITLE	D <input type="checkbox"/> Delete
NAME	POWERS, JENNIFER
STREET ADDRESS	5190 VACARO AVE
CITY-ST-ZIP	COCOA FL 32926
TITLE	D <input type="checkbox"/> Delete
NAME	HUTCHINGS, JESSE
STREET ADDRESS	1490 CENTRAL AVE
CITY-ST-ZIP	MERRITT ISLAND FL 32952
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Jennifer Powers Date: 8-5-01 Daytime Phone #: 321-637-1514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)