## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0000049916

FILED May 14, 2001 8:00 am

1. Entity Name HTS COMPUTERS, INC.				Secretary of State 05-14-2001 90200 038 ***150.00		
Principal Plac	e of Business	Mailing Address	<del></del>			
200 N. ATLANT COCOA BCH F	IC AVE.	200 N. ATLANTIC AVE. COCOA BCH FL 32931				
2. Principal Place of Business		3. Mailing Address		TEACH THE GEORGE HEALT GRAND WHILE WHILE WHILE WHILE WHILE WHILE WE WERE WE WERE WELLTHEN WHILE WAS A CONTRACT.		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State	9	City & State		4. FEI Number Applied For Not Applied For	ole	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current F	Registered Agent	Name	7. Name and Address of New Registered Agent		
400	DERSIN, LARRY E W. COCOA BCH CAUSEWAY, SUI COA BCH FL 32931	TE3  Addres  Change 0	Street Addre	endersin, Larry E  pass (P.O. Box Number is Not Acceptable)  Bo Bay Shore Dr  coa Beach  FL Zip Code 32931		
9. This corpo	Signature, typed of phinted name of registered agent as praction its eligible to satisfy its Intangible requirement and elects to do so.	Larn nd title if applicable. (NOTE	Registered Agent signature requirements PEE IS \$150.00 Fee will be \$550.0	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees		
11.	OFFICERS AND D	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	6	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSIN, LARRY E 400 W. COCOA BCH CAUSEWAY COCOA BCH FL 32931	Y, SUITE 3 Address	NAME	President (P/D)   Change   Addition   Larry E Hendersin   1680 Bay Shore Prive   Cocoa Beach, FL 32931	ou 6	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addit	ion	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi	on	
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CITY-ST-ZIP					. 1	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			

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.