

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40103

1. Entity Name
HPT PLASTICS, INC.

FILED
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90018 015 ***150.00

Principal Place of Business

Mailing Address

1905 DANA DR.
FT. MYERS FL 33907
US

1905 DANA DR.
FT. MYERS FL 33907
US



DO NOT WRITE IN THIS SPACE

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 31-1101964

Applied For

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

FOUS, GREGG A.

1905 DANA DRIVE

FORT MYERS FL 33907

11595 KELLY RD, #224
33908

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

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 CPS
NAME FOUS, GREGG A.
STREET ADDRESS 1905 DANA DR.
CITY-ST-ZIP FORT MYERS FL 33907 ☐ Delete

TITLE CPS
NAME Fous, Gregg A.
STREET ADDRESS 11595 Kelly Rd, Ste 224
CITY-ST-ZIP Ft. Myers, FL 33908 ☒ Change ☐ Addition (Address only)

TITLE T
NAME FOUS, GREGG A.
STREET ADDRESS 1905 DANA DR.
CITY-ST-ZIP FORT MYERS FL 33907 ☐ Delete

TITLE T
NAME Fous, Gregg A.
STREET ADDRESS SAME as ABOVE
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME FOUS, GAIL S
STREET ADDRESS 1905 DANA DR.
CITY-ST-ZIP FORT MYERS FL 33907 ☐ Delete

TITLE S
NAME Fous, Gail S.
STREET ADDRESS 11595 KELLY RD, Suite 224
CITY-ST-ZIP Ft. Myers FL 33908 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gail S. Fous

Date

Daytime Phone #

1/10/01 941-277-5202

CR2E034 (10/00)