2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 25, 2002 8:00 am P93000081022 **Secretary of State** DOCUMENT # 1. Entity Name 03-25-2002 90063 034 ***150.00 HPS PROPERTIES, INC. Principal Place of Business Mailing Address 3240 NW PERIMETER ROAD 3240 NW PERIMETER ROAD PALM CITY FL 34990 PALM CITY FL 34990 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 65-0481158 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PIECHOTA, MARILYN Street Address (P.O. Box Number is Not Acceptable) 2440 S.E. FEDERAL HWY. SUITE 8-STUART FL 34994 8. The above pamed entity submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) e of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE HERMANSKI, STANLEY J NAME 2440 S.E. FEDERAL HWY. STREET ADDRESS STREET ADDRESS STUART-FL 34994 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE PIECHOTA, MARILYN NAME NAME STREET ADDRESS 2440-S.E. FEDERAL HWY. STREET ADDRESS STUART FL-34994 CITY-ST-ZIP CITY-ST-ZIP TITLE _ -- Delete JULE: SNETSINGER, DAVID NAME NAME STREET ADDRESS 2440 S.E. FEDERAL HWY: STREET ADDRESS CITY-ST-ZIP STUART FL-34994 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attack ment with an address, with all other like empowered.

FILED