

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90200 034 ***150.00

DOCUMENT # P95000045309

1. Entity Name

HPJ DEVELOPMENT COMPANY, INC.

Principal Place of Business

**1905 S FLORIDA AVE
 LAKELAND FL 33803
 US**

Mailing Address

**1905 S FLORIDA AVE
 LAKELAND FL 33803
 US**

2. Principal Place of Business

5900 Imperial Lakes Blvd.

3. Mailing Address

P.O. Box 7595

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mulberry, Florida

City & State

Lakeland, FL

Zip

33860-8670

Country

Polk

Zip

33807-7595

Country

Polk

4. FEI Number

59-3321143

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**JONES, GUERRY R
 1905 S FLORIDA AVE
 LAKELAND FL 32803**

7. Name and Address of New Registered Agent

Name **Robert F. Harper IV**

Street Address (P.O. Box Number is Not Acceptable)

5900 Imperial Lakes Blvd.

City

Mulberry

FL

Zip Code

33860-8670

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

4/23/02

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, 2002 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

TITLE **D** ☐ Delete
 NAME **HARPER, ROBERT F IV**
 STREET ADDRESS **5742 COVEVIEW DR**
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **D** ☒ Delete
 NAME **JONES, R. GUERRY**
 STREET ADDRESS **1905 SOUTH FLORIDA AVENUE**
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **D** ☐ Delete
 NAME **PETTERSON, JOHN E**
 STREET ADDRESS **71 SHADOW LANE**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **2844 Postwick Dr.**
 CITY-ST-ZIP **Lakeland, FL 33803**

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/02 863-607-9500

CR2E034 (9/01)