

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091797

1. Entity Name
HPD ASSOCIATES, INC.

Principal Place of Business
35 LAS BRISAS WAY
NAPLES FL 33963

Mailing Address
35 LAS BRISAS WAY
NAPLES FL 33963

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90033 016 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0627799	Applied For
		Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SEXTON, DAVID N
1167 THIRD ST., SOUTH
SUITE 107
NAPLES FL 33940

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, 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
NAME DEMAS, HARRY J
STREET ADDRESS 35 LAS BRISAS WAY
CITY-ST-ZIP NAPLES FL 33963

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME DEMAS, PAULINE D
STREET ADDRESS 35 LAS BRISAS WAY
CITY-ST-ZIP NAPLES FL 33963

Delete

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE Change Addition
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CITY-ST-ZIP

Delete

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:

HARRY J. DEMAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/02

(941)592-0322
Daytime Phone #

CR2E034 (9/01)