

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000033778 ✓
 1. Entity Name
H.T PROPERTIES, Inc

**FILED
Feb 17, 2002 8:00 am
Secretary of State**

02-17-2002 90107 039 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 265 CRANWOOD DR Suite, Apt. #, etc.	3. Mailing Address 265 CRANWOOD DR Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE			
City & State KEY BISCAYNE, FL	City & State KEY BISCAYNE, FL	4. FBI Number 65-0768549	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>	
Zip 33149	Country 33149	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent			
		Name _____			
		Street Address (P.O. Box Number Is Not Acceptable) _____			
		City _____			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, good corporate name of registered agent and title if applicable. (NOTE: Registered Agent requires signature and stamping) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 10. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Affidavit Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD TELLAM, STEVEN 265 CRANWOOD DR KEY BISCAYNE, FL 33149	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAIGHT, DWIGHT 649 TUXEDO PL NW ATLANTA, GA 30342	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE			

GRZED0348 (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1179(07)(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature will 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 III or am attached with an address, with all other like empowerments.

SIGNATURE _____

SIGNATURE AND PRINTED OR WRITTEN NAME OF SIGNING OFFICER OR DIRECTOR

02-17-2002
Daylight Savings

Steve L. H. 2/20/02