FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State
02-17-2002 90107 039 ***150.00

DOCUMENT # P97000033778 ✓

1. Entity Name: H.T PROPERTIES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
265 CRANWOOD DR	265 CRANWOOD DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KEY BISCAYNE, FL	City & State: KEY BISCAYNE FL
Zip: 33149 Country:	Zip: 33149 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0768549 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	TELLAM, STEVEN
STREET ADDRESS	265 CRANWOOD DR
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	VD
NAME	HAIGHT, DWIGHT
STREET ADDRESS	649 TUXEDO PL NW
CITY-ST-ZIP	ATLANTA, GA 30342
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

12. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 2/4/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #