

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009363

1. Entity Name  
H.P.T., INC.

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**  
03-23-2000 90035 044 \*\*\*150.00

Principal Place of Business  
4169 TAMPICO TR.  
HERNANDO BEACH FL 34607

Mailing Address  
4169 TAMPICO TR.  
HERNANDO BEACH FL 34607-3365

2. Principal Place of Business  
4250 orchid Dr.  
Suite, Apt. #, etc.

3. Mailing Address  
4250 orchid Dr.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State: Hernando Beach, FL City & State: Hernando Beach, FL 4. FEI Number: 59-3557843 Applied For: ☐ Not Applicable: ☐  
Zip: 34607 Country: USA Zip: 34607 Country: USA 5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SMITH, LOIS  
4169 TAMPICO TR.  
HERNANDO BEACH FL 34607  
7. Name and Address of New Registered Agent  
Name: LOIS SMITH  
Street Address (P.O. Box Number is Not Acceptable): 4250 orchid Dr.  
City: Hernando Beach FL Zip Code: 34607

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: Lois A Smith (NOTE: Registered Agent signature required when reinstating) DATE: 2-30-00

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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<u>DSTD</u>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>LOIS SMITH</u>		NAME		
STREET ADDRESS	<u>4250 orchid Dr.</u>		STREET ADDRESS		
CITY-ST-ZIP	<u>Hernando Beach, FL 34607</u>		CITY-ST-ZIP		
TITLE	<u>VPD</u>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>RANDY KLUWEGEK</u>		NAME		
STREET ADDRESS	<u>4250 orchid Dr.</u>		STREET ADDRESS		
CITY-ST-ZIP	<u>Hernando Beach, FL 34607</u>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			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 attachment with an address, with all other like empowered.

SIGNATURE: Lois A Smith 2-30-00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)