

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90136 008 ***150.00

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DOCUMENT # P99000009363

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



Principal Place of Business
**4250 ORCHID DR
HERNANDO BEACH FL 34607**

Mailing Address
**4250 ORCHID DR
HERNANDO BEACH FL 34607**



2. Principal Place of Business

**4036 Shore Line Blvd
Suite, Apt. #, etc.
HERNANDO BEACH, FL 34607**

3. Mailing Address

**4036 Shore Line Blvd
Suite, Apt. #, etc.
HERNANDO BEACH, FL**

☒ CHECK HERE IF MAKING CHANGES

City & State

34607 USA

City & State

34607 USA

4. FEI Number

59-3557843

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, LOIS
4250 ORCHID DR
HERNANDO BEACH FL 34607**

7. Name and Address of New Registered Agent

Name **LOIS KRUEGER**
Street Address (P.O. Box Number is Not Acceptable)
4250 ORCHID DR
HERNANDO BEACH, FL
City **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lois Smith Krueger*
Signature, typed or printed name of registered agent and title if applicable.

LOIS SMITH KRUEGER PSTD 4/14/03
(NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SMITH, LOIS 4250 ORCHID DR HERNANDO BCH FL 34607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KRUEGER, RANDY 4250 ORCHID DR HERNANDO BCH FL 34607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lois Smith Krueger* **SIGNATURE REQUIRED PSTD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03 352-279-5036
Date Daytime Phone #

CR2E034 (10/02)