

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048437

1. Entity Name
HHPT, INC.

Principal Place of Business
958 DUNCAN RD
S DAYTONA FL 32119

Mailing Address
958 DUNCAN RD
S DAYTONA FL 32119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3579518

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAYNES, THOMAS S
958 DUNCAN RD
S DAYTONA FL 32119

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HAYNES, THOMAS S
958 DUNCAN RD
S DAYTONA FL 32119 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HAYNES, PEGGY L
958 DUNCAN RD
S DAYTONA FL 32119 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peggy L. Haynes 8/20/01 386-255-8532

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90004 011 ***150.00



DO NOT WRITE IN THIS SPACE

0001288 AV

CR2E034 (5/01)

Attachment
Doc# F99000048437
B000B437

8/28/01

Ill. Dept. of State
Division of Corporations

Gentlemen,

Re: 2001 Uniform Business Report

I did not receive the original bill
in January for this. I spoke with
your representative "Shawn" on the phone
yesterday & he said to send the letter
along with \$150.00 and this would be
acceptable.

Thank You
Peggy Haynes
HAPT, Inc.