

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

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90153 018 \*\*\*150.00

**DOCUMENT #**

*P 99000055664*

**1. Entity Name**

*HPS MANAGEMENT, INC.*

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

*5105 MEMORIAL HIGHWAY*

**3. Mailing Address**

*5105 Memorial Hwy*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

*TAMPA FLORIDA*

**City & State**

*TAMPA FLORIDA*

**4. FEI Number**

*59-358-2385*

Applied For

Not Applicable

**Zip**

**Country**

*USA*

**Zip**

**Country**

*USA*

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

*Michael D. Malatin*

Street Address (P.O. Box Number is Not Acceptable)

*12106 Marblehead Dr*

**City**

*TAMPA*

**FL**

**Zip Code**

*33626*

**DO NOT WRITE IN THIS SPACE**

**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] Mike Malatin, President*

*4/23/02*

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)**

☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

*P  
MALATIN MICHAEL D.  
12106 Marblehead Dr  
TAMPA FL 33626*

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

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

**SIGNATURE:**

*[Signature] Mike Malatin, President*

*4/23/02 813 888-7500*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)