

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**  
 05-04-2001 90077 022 \*\*\*150.00

**DOCUMENT # V66863**

1. Entity Name

HTP SERVICES, INC.

Principal Place of Business

393 CRYSTAL LAKES DRIVE  
 MELBOURNE FL 32940  
 US

Mailing Address

393 CRYSTAL LAKES DRIVE  
 MELBOURNE FL 32940  
 US

2. Principal Place of Business

104 SEAGRAPE ROAD

Suite, Apt. #, etc.

3. Mailing Address

104 SEAGRAPE ROAD

Suite, Apt. #, etc.

City & State

MELBOURNE BEACH, FL

City & State

MELBOURNE BEACH, FL

Zip

32951

Country

US

Zip

32951

Country

US

4. FEI Number

65-0362856

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

MARSH, R W  
 393 CRYSTAL LAKE DRIVE  
 MELBOURNE FL 32940

Name

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

104 SEAGRAPE ROAD

City

MELBOURNE BEACH

FL

Zip Code

32951

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

*Michael*

4/24/01

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 \$150.00**  
**After MAY 1, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	MARSH, SHARON	
STREET ADDRESS	393 CRYSTAL LAKE DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARSH, ROBERT W.	
STREET ADDRESS	393 CRYSTAL LAKE DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	104 SEAGRAPE ROAD
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	104 SEAGRAPE ROAD
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

*Michael* ROBERT W. MARSH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/01 321/951-9556

CR2E034 (10/00)