

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90068 015 ***150.00

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DOCUMENT # P29019

1. Entity Name
HIGH PLAINS CAPITAL CORPORATION



Principal Place of Business

**224 DATURA ST
#315
WEST PALM BEACH FL 33401
US**

Mailing Address

**C/O MCGRATH & MEYERS, P.A.
5725 CORPORATE WAY, SUITE 101
WEST PALM BEACH FL 33407**

2. Principal Place of Business

215 S. Olive Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite 200

City & State

West Palm Beach FL

City & State

Zip

33401

Country

US

Country

4. FEI Number

59-1942407

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ARNOLD, ROBERT J
224 DATURA ST
#315
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name

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

215 S. Olive, Suite 215

City

West Palm Beach

FL

Zip Code

33401

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

[Handwritten Signature]

Vice President

2/25/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSTD	HALMOS, PETER	224 DATURA ST STE 315	WEST PALM BEACH FL 33401	<input type="checkbox"/>
V	ARNOLD, ROBERT J	224 DATURA ST #315	WEST PALM BEACH FL 33401	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		215 S. Olive Avenue, Suite 200	West Palm Beach, FL 33401	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		215 S. Olive Avenue, Suite 200	West Palm Beach FL 33401	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature] **REQUIRE** *Vice President*

Date

Daytime Phone #

561-833-6300

CR2E034 (10/02)