## I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RYAN ALLES

Electronic Signature of Signing Officer/Director Detail

# **2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000146409

Entity Name: HIGH RISE ESCAPE SYSTEMS INC

### **Current Principal Place of Business:**

801 EDGEFOREST TERRACE SANFORD, FL 32771

## **Current Mailing Address:**

801 EDGEFOREST TERRACE SANFORD, FL 32771 US

# FEI Number: 20-3746697

## Name and Address of Current Registered Agent:

ALLES, RYAN S 801 EDGEFOREST TERRACE SANFORD, FL 32771 US

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:

Officer/Director Detail :				
Title	D, P	Title	D	
Name	ALLES, RYAN S	Name	ALLES, SCOTT K	
Address	801 EDGEFOREST TERRACE	Address	1675 WACK WACK PLAZA	
City-State-Zip:	SANFORD FL 32771	City-State-Zip:	PALM SPRINGS CA 92264	

	Electronic Signature of Registered Agent				
icer/Director Detail :					
	D, P	Title	D		
ne	ALLES, RYAN S	Name	ALLES, SCOTT K		
ress	801 EDGEFOREST TERRACE	Address	1675 WACK WACK PLAZA		

PRESIDENT

01/14/2021 Date

FILED Jan 14, 2021 Secretary of State 5884513896CC

Date

Certificate of Status Desired: No