

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 09, 2001 8:00 am**
Secretary of State

05-09-2001 90001 036 ***158.75

DOCUMENT # 6151271. Entity Name
HIGH VOLTAGE SPECIALIST INC.Principal Place of Business
**8304 BACK BEACH ROAD
PANAMA CITY BEACH FL 32407**Mailing Address
**P.O. BOX 305
LYNN HAVEN FL 32444**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8304 BACK BEACH PARKWAY

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

PANAMA CITY BEACH, FL

Zip

Country

32407

City & State

Zip

Country

4. FEI Number **59-1892097**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAPP, RONALD M.
1016 1/2 61ST STREET
PENSACOLA FL 32506**

7. Name and Address of New Registered Agent

Name

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

8304 BACK BEACH PARKWAY

City

PANAMA CITY BEACH**FL**

Zip Code

32407

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 *Ronald M. Mapp* **RONALD M MAPP VP-D**

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

(NOTE: Registered Agent signature required when reinstating)

4/23/01
DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MAPP, THOMAS D**
STREET ADDRESS **8304 WEST HWY 98**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32407**TITLE **VD** ☐ Delete
NAME **MAPP, RONALD**
STREET ADDRESS **1016 1/2 61ST STREET**
CITY-ST-ZIP **PENSACOLA FL 32506**TITLE **STD** ☐ Delete
NAME **WHITING, HOWARD A.**
STREET ADDRESS **3909 N.E. 132ND COURT**
CITY-ST-ZIP **VANCOUVER WA 98682**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8304 BACK BEACH PARKWAY**
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32407**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8304 BACK BEACH PARKWAY**
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32407**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: *Thomas D. Mapp* **THOMAS D. MAPP PRES.** **4-23-01** **850-271-4704**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)