

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003361

1. Entity Name  
HIGHGROUND PUBLIC RELATIONS INC.

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90019 020 \*\*\*150.00

Principal Place of Business  
EDGEWATER OFFICE PARK  
401 EDGEWATER PLACE, SUITE 695  
WAKEFIELD MA 01880

Mailing Address  
EDGEWATER OFFICE PARK  
401 EDGEWATER PLACE, SUITE 695  
WAKEFIELD MA 01880

000101



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
*Same*  
Suite, Apt. #, etc.

3. Mailing Address  
*Same*  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **04-3180459**

Applied For  
Not Applicable

Zip Country

Zip Country

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

## 6. Name and Address of Current Registered Agent

SCHWARTZ, JANE  
5695 NORTHWEST 38TH STREET  
BOCA RATON FL 33496

## 7. Name and Address of New Registered Agent

Name *Same*

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

City **FL** Zip Code

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 *Jane Schwartz*

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 **PCD** ☐ Delete  
NAME **KOLES, JOHN V**  
STREET ADDRESS **6 NEW ENGLAND EXECUTIVE PARK**  
CITY-ST-ZIP **BURLINGTON MA 01803**

TITLE **STD** ☐ Delete  
NAME **SALVO, THOMAS R**  
STREET ADDRESS **6 NEW ENGLAND EXECUTIVE PARK**  
CITY-ST-ZIP **BURLINGTON MA 01803**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Koles, John V - President** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **401 Edgewater Place, Suite 695**  
CITY-ST-ZIP **Wakefield MA 01880**

TITLE **Salvo, Thomas R - Secretary** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **401 Edgewater Place, Suite 695**  
CITY-ST-ZIP **Wakefield MA 01880**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)