

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

0671437 AB

DOCUMENT # F96000001173

1. Entity Name
HIGH LEAH ELECTRONICS, INC.



Principal Place of Business
**76433 ALDER ST
OAKRIDGE OR 97463
US**

Mailing Address
**P.O. BOX 1455
OAKRIDGE OR 97463**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **93-0927788**

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

**PARALEGAL & ATTORNEY SERVICE BUREAU INC.
1406 HAYS STREET
SUITE 2
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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

TITLE	DV	<input type="checkbox"/> Delete
NAME	GIBSON, GUY P	
STREET ADDRESS	76433 ALDER ST	
CITY-ST-ZIP	OAKRIDGE OR 97463	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, RUSSELL G	
STREET ADDRESS	76433 ALDER ST.	
CITY-ST-ZIP	OAKRIDGE OR 97463	
TITLE	DS	<input type="checkbox"/> Delete
NAME	TAYLOR, BARBARA J	
STREET ADDRESS	76433 ALDER ST	
CITY-ST-ZIP	OAKRIDGE OR 97463	
TITLE	P	<input type="checkbox"/> Delete
NAME	TAYLOR, ANDREA G	
STREET ADDRESS	76433 ALDER ST.	
CITY-ST-ZIP	OAKRIDGE OR 97463	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

4-28-03

541 782-3903

Date

Daytime Phone #

CR2E034 (10/02)