

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91335 010 ***150.00

DOCUMENT # F98000006472

1. Entity Name
HIGH TREK, INC.

Principal Place of Business

**3261 LANSDOWN DRIVE
 LEXINGTON KY 40502
 US**

Mailing Address

**223 E BELL COURT
 LEXINGTON KY 40508
 US**

008674

2. Principal Place of Business

223 E Bell Ct

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LEX. KY

City & State

4. FEI Number

61-1332653

Applied For
 Not Applicable

Zip

40508

Country

America

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICHARDSON, KEVIN S
 6683 CHRISTINA MARIE
 ORLANDO FL 32835**

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.

SIGNATURE

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 RICHARDSON, KEVIN S
 6683 CHRISTINA MARIE
 ORLANDO FL 32835** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V
 RICHARDSON, ANN
 1131 ATHENIA DR
 LEXINGTON KY 40504** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TS
 RICHARDSON, TIMOTHY B Q
 223 E BELL COURT
 LEXINGTON KY 40508** ☐ Delete

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

TITLE
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 STREET ADDRESS
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☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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 REQUIRED for Kevin S. Richards

3-12-02

859-312-1967

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (9/01)