

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # J89967**

1. Entity Name

**HIGH-TECH HOIST CORP.****FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90008 006 \*\*\*150.00

Principal Place of Business

Mailing Address

A MAPLE AVE  
LAKE WASHINGTON ROAD, SUITE 202  
FL 32935  
US3128 LAKE WASHINGTON RD  
# 202  
MELBOURNE FL 32934-7616  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1500-C Maple Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Melbourne FL

City &amp; State

4. FEI Number 59-2831229

Applied For

Not Applicable

Zip

32935

Country

US

- 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

POWERS, JR H  
690 LORRAINE DR  
MELBOURNE FL 32935

Name

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

3400 Arabian Ct.

City

Melbourne

FL

Zip Code

32934

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, 2000 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 ☐ Delete  
NAME D  
STREET ADDRESS POWERS, HENRY M., JR.  
CITY-ST-ZIP 690 LORRAINE DR  
MELBOURNE FLTITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3400 Arabian Ct.  
CITY-ST-ZIP Melbourne FL 32934TITLE ☐ Delete  
NAME S  
STREET ADDRESS TAYLOR, DARLENE P.  
CITY-ST-ZIP 690 LORRAINE DR  
MELBOURNE FLTITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3400 Arabian Ct.  
CITY-ST-ZIP Melbourne FL 32934TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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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:

Signature and typed or printed name of signing officer or director

Henry M. Powers Jr.

3/9/00

321-254-1188

Date

Daytime Phone #

CR2E034 (9/99)