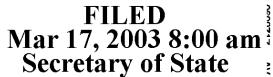
## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR)



1. Entity Name HIGHWAY ENTERPRISES, INC.					03-17-2003 90087 031 ***150.00			
Principal Plac 3584 SW ARM PALM CITY FL US	iellini ave.		ddress ARMELLINI AVE. ' FL 34990					
2. Principal P	lace of Business	3. Mailing	Address					
Suite, Apt.	#, etc.	Suite, A	pt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & Stat	е	City & S	tate		4. FEI Number 65-012534			plied For t Applicable
Zip	Country	Zip		Country	5. Certificate of Status Desired		8.75 Add ee Require	
	6. Name and Address of Cu	rrent Registered A	gent		7. Name and Address of New	Registered A	gent	
<u> </u>				Name				
DITERLIZZI, MICHAEL 1370 SW DYER POINT RD.				Street Address	Street Address (P.O. Box Number is Not Acceptable)			
PALM CIT	Y FL 34990							
				City	***	FL	Zip Cod	е
	named entity submits this statem tions of registered agent.  Signature, typed or printed name of registerer			registered office or regist: : Registered Agent signature requi	ered agent, or both, in the State of F	orida. I am fa	miliar with,	and accept
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$55 c Payable to Florida Departme	0.00			9. Election Campaign F Trust Fund Contributi	-		<b>0</b> May Be I to Fees
10.	OFFICERS	AND DIRECTORS		11.	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DITERLIZZI, MICHAEL 1340 SW DYER POINT ROA PALM CITY FL	D	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DITERLIZZI, ROBERT 664 WISPERBAY DR PALM CITY FL		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS		4.	Delete	NAME STREET ADDRESS	u i yang ang kang kang kang kang kang kang ka	ी कार्यु <del>काल</del> का री	Change	☐ Addition

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.

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