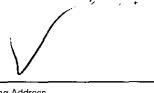
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L40447

1. Entity Name

HIGHGATE CORPORATION



FILED
Jul 10, 2000 8:00 am
Secretary of State
07-10-2000 90014 012 ***550.00

Principal Place of Business 64 SOUTH PORT COVE BONITA SPRINGS FL 34134 2. Principal Place of Business Suite, Apt. #, etc.		Mailing Address P O BOX 2467 BONITA SPRINGS FL 34133-2467		1 13 34 14 34 1 34 1 34 1 35 1 3	1811 61814 1884 81814 8 1814 1		1811 6 1811 1881	
		3. Mailing Address	3. Mailing Address					
		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		67932		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status De		8.75 Ac		
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of	New Registered Ag	jent		
64 S	MES, RICHARD H SOUTH PORT COVE IITA SPRINGS FL 34134	,	122	is (PO. Box Number is Not Acc		Zip Coo	de .	
8. The above	e named entity submits this statement			tered agent, or both, in the Stat	FL e of Florida.	141 00	415	
	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered Agant signature requ	ired when reinstating)	UAIE P			
Tax filing r	oration is eligible to satisfy its Intangib requirement and elects to do so. ria on back)	After MAY 1, 2	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Stat		aign Financing tribution.		00 May Be ed to Fees	
11.		D DIRECTORS	12.	ADDITIONS/CHANGES	O OFFICERS AND D	DIRECTOR	RS IN 11	
TITLE	1 DBC							
NAME STREET ADDRESS	DPS GRIMES, RICHARD 64 SOUTH PORT COVE RONITA SPRINGS FI 34134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		l	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	GRIMES, RICHARD 64 SOUTH PORT COVE BONITA SPRINGS FL 34134 DS GRIMES, ALLISON 64 SO. PORT COVE	☐ Delete	NAME STREET ADDRESS			Change		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	GRIMES, RICHARD 64 SOUTH PORT COVE BONITA SPRINGS FL 34134 DS GRIMES, ALLISON		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	GRIMES, RICHARD 64 SOUTH PORT COVE BONITA SPRINGS FL 34134 DS GRIMES, ALLISON 64 SO. PORT COVE	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
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of the corporation or supplies the and accordate and that my signature shall have the same regal effect as it made under dath; that it am an officer of 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR