

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000006079

FILED  
Apr 30, 2002 8:00 AM  
Secretary of State

**Entity Name:** HIGH POINT NEIGHBORS, INC.

**Current Principal Place of Business:**

5764 157TH AVE NORTH  
CLEARWATER, FL 33760

**New Principal Place of Business:**

**Current Mailing Address:**

5764 157TH AVE NORTH  
CLEARWATER, FL 33760

**New Mailing Address:**

**FEI Number:** 59-3497801

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PETYS, MICHELE B  
5764 157TH AVE NORTH  
CLEARWATER, FL 33760

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: EUGENE E PETYS,  
Address: 5764 157TH AVE N  
City-St-Zip: CLEARWATER, FL 33760

Title: TD ( ) Delete  
Name: MICHELE BISHOP PETYS,  
Address: 5764 157TH AVE N  
City-St-Zip: CLEARWATER, FL 33760

Title: SD ( ) Delete  
Name: NANCY WILLIS,  
Address: 15436 MORGAN ST  
City-St-Zip: CLEARWATER, FL 33760

Title: VD ( ) Delete  
Name: RAMNATH, MODAN MOHAN  
Address: 5764 157TH AVE N  
City-St-Zip: CLEARWATER, FL 33760

Title: D (X) Delete  
Name: JARRELL, JUDY  
Address: 5764 15TH AVE N.  
City-St-Zip: CLEARWATER, FL 33760

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE BISHOP PETYS

TD

04/30/2002

Electronic Signature of Signing Officer or Director

Date