

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91527 047 ***150.00

DOCUMENT # P00000003296

1. Entity Name
HIGHPOINT A-1 CORPORATION

Principal Place of Business

**19160 PEACHLAND BLVD
 PORT CHARLOTTE FL 33948**

Mailing Address

**ROY K. DANISHEWSKI
 323 PORT RICHMOND AVE.
 STATEN ISLAND NY 10302**

2. Principal Place of Business

3. Mailing Address **SUPLEE & SHEA
 800 SO. OSPREY AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc. **BLDG B**

City & State

City & State **SARASOTA , FL**

4. FEI Number **13-4097304**

Applied For
 Not Applicable

Zip

Country

Zip **34236**

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCKINLEY, MICHAEL R
 18401 MURDOCK CIRCLE
 PORT CHARLOTTE FL 33948**

7. Name and Address of New Registered Agent

Name **ROBERT C. GUNTHER**


Street Address (P.O. Box Number is Not Acceptable)
1208 CASEY KEY RD NORTH

City **OSPREY**

FL

Zip Code **34275**

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 **5/01/02**

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

TITLE **DVP**
 NAME **WEBBER, MIKE**
 STREET ADDRESS **8421 MAIN ST**
 CITY-ST-ZIP **BOKEELIA FL 33922**

☒ Delete

TITLE **P**
 NAME **GUNTHER, ROBERT C**
 STREET ADDRESS **2718 CASEY KEY RD**
 CITY-ST-ZIP **NOKOMIS FL 34275**

☐ Delete

TITLE **ST**
 NAME **DANISHEWSKI, ROY K**
 STREET ADDRESS **323 PORT RICHMOND AVE**
 CITY-ST-ZIP **STATEN ISLAND NY 10302**

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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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

Date

Daytime Phone #

CR2E034 (9/01)