

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000014420

1. Entity Name

HIGH NOTE OF LONGBOAT KEY, INC.

FILED

01 MAY 23 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2425 Gulf of Mexico Drive  
Apt. #10D  
Longboat Key, FL 34228

Mailing Address  
2425 Gulf of Mexico Drive  
Apt. #10D  
Longboat Key, FL 34228

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0980019

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Cory, Michael  
2425 Gulf of Mexico Drive, Apt. #10D  
Longboat Key, Florida 34228

7. Name and Address of New Registered Agent

Name

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

100004430411--0

-06/19/01--01092--004

City

\*\*\*\*550.00 FL \*\*\*\*550.00

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Cory, Michael  
2425 Gulf of Mexico Dr., Apt. #10D  
Longboat Key, FL 34228

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
Cory, Michael  
2425 Gulf of Mexico Dr., Apt. #10D  
Longboat Key, FL 34228

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SIGNATURE: *Michael Cory* Michael Cory, President

5/22/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)