

**2001 UNIFORM BUSINESS REPORT (UBR)**

page 1 of 2  
 06-25-2001 90042 041 \*\*\*150.00  
 P00000019922

DOCUMENT # **P00000019922**

**FILED**

01 JUN 25 PM 4:53  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

1. Entity Name  
**H.I. GROUND, INCORPORATED**

Principal Place of Business Mailing Address  
**801 1/2 CATHERINE STREET  
 KEY WEST FL 33040**

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 **58-2552619** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**STEPHEN D RUBEN  
 801 1/2 CATHERINE STREET  
 KEY WEST FL 33040**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 \_\_\_\_\_ (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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT - SEC/TR. DIRECTOR</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STEPHEN D RUBEN 801 1/2 CATHERINE STREET KEY WEST FL 33040</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

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 #

A0074072

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)

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801-14-6-10-00-00-00  
Key West, Florida 33040

Hi-Ground, Inc.

June 14, 2001

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32302

Re: Hi-Ground, Inc. FEI # 58-2552619

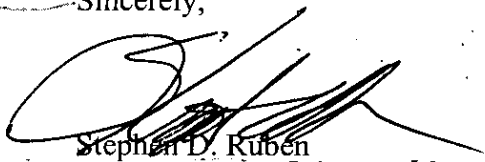
To Whom It May Concern:

This letter concerns the Uniform Business Report (UBR) for Personal Property Taxes and the deadline for payment. This is the first year that Hi-Ground, Inc. is responsible to pay such a tax and we were unaware of the deadline of May 1, 2001. I have no record of receiving information at the address of record for Hi-Ground, Inc. (see above)

We have forwarded the \$150.00 fee and form to the appropriate address and would like to know if the penalty could be waived as a result of the above information.

Thank you for your time and attention to this matter.

Sincerely,



Stephen D. Ruben

[Empty rectangular box]