

FILED
Aug 05, 2002 8:00 am
Secretary of State

08-05-2002 90009 018 ***550.00

2002
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 0000019922
1. Entity Name
 HI-GROUND, INCORPORATED

DO NOT WRITE IN THIS SPACE

972783

2. Principal Place of Business
 43 BAY DR
 Suite, Apt. #, etc.

3. Mailing Address
 43 BAY DR
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE.

City & State
 KEY WEST, FL
 Zip 33040 Country

City & State
 KEY WEST FL
 Zip 33040 Country

4. FEI Number
 58-2552619
 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

DOCUMENT # 5 0000019922

7. Name and Address of Current Registered Agent

Name: **STEPHEN D RUBEN**
 Street Address (P.O. Box Number is Not Acceptable):
 43 BAY DR
 City: **KEY WEST FL** Zip Code: **33040**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 | PRES - SEC/TX DIRECTOR STEPHEN D RUBEN 43 BAY DR KEY WEST FL 33040 | 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 | | 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 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **6-12-02** **240-417-1762**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)