

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000081354

1. Entity Name

HI AMERICA, INC.

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90081 033 \*\*\*150.00

Principal Place of Business

4252 N. ORANGE BLOSSOM TRAIL  
ORLANDO FL 32804

Mailing Address

4252 N. ORANGE BLOSSOM TRAIL  
ORLANDO FL 32804

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3689603

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FUGATT, SUSAN  
4252 N. ORANGE BLOSSOM TRAIL  
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name

J.C. King

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

4252 North Orange Blossom Trail  
Orlando

City

Orlando

FL

Zip Code

32804

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

*Susan Fugatt*  
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	PDST FUGATT, SUSAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4252 N. ORANGE BLOSSOM TRAIL ORLANDO FL 32804	
TITLE NAME	VD KOTERBA, MELISSA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4252 N. ORANGE BLOSSOM TRAIL ORLANDO FL 32804	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	President-Director-Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	Mary Louise Hudis 4252 North Orange Blossom Trail Orlando, Florida 32804	
TITLE NAME	Vice President, Director-Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	J.C. King 4252 North Orange Blossom Trail Orlando, Florida 32804	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

*J.C. King*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2001

(407) 376-8518

Date

Daytime Phone #

CR2E034 (10/00)