

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State
 01-15-2002 90103 019 ***150.00

DOCUMENT # P01000028883

1. Entity Name
HIGH FLYING, INC.

Principal Place of Business

**380 S COURTENAY PKWY
 MERRITT ISLAND FL 32952**

Mailing Address

**380 S COURTENAY PKWY
 MERRITT ISLAND FL 32952**

2. Principal Place of Business

1360 Newfound Harbor Dr
 Suite, Apt. #, etc.

3. Mailing Address

1360 Newfound Harbor Dr
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Merritt Island, FL

City & State

Merritt Island, FL

4. FEI Number

59-3707589

Applied For

Not Applicable

Zip

32952

Country

USA

Zip

32952

Country

USA

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HEGI, PAULA
 380 S COURTENAY PKWY
 MERRITT ISLAND FL 32952**

7. Name and Address of New Registered Agent

Name **Paula Hegi**
 Street Address (P.O. Box Number is Not Acceptable) **1360 Newfound Harbor Dr**
 City **Merritt Island** FL **32952**

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 **Paula Hegi President Paula Hegi** 1/7/01
 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. **X**
 (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	D	<input type="checkbox"/> Delete
NAME	HEGI, PAULA	
STREET ADDRESS	380 S COURTENAY PKWY	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paula Hegi	
STREET ADDRESS	1360 Newfound Harbor Dr	
CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Paula Hegi President Paula Hegi** 1/7/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **321-459-0988**

CR2E034 (9/01)