

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90118 016 \*\*\*158.75

**DOCUMENT #**

P01000076626

1. Entity Name

**JAMES E. HIGHT, INC.**  
**P.O. BOX 420974**  
**KISSIMMEE, FL. 34742**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

4423 South Orange Blossom Trl

Suite, Apt. #, etc.

**JAMES E. HIGHT, INC.**  
**P.O. BOX 420974**  
**KISSIMMEE, FL. 34742**

City & State

Kissimmee Florida

City & State

Zip

34742

Country

OSCEOLA

Zip

Country

OSCEOLA

4. FEI Number

59-3739039

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

JAMES E. HIGHT

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

P.O. Box 420974

4423 South Orange Blossom Trl

City

Kissimmee

FL

Zip Code

34742

**DO NOT WRITE  
IN THIS SPACE**

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

*James E. Hight*

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

April 22, 02

DATE

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

PRESIDENT

James E. Hight

P.O. Box 420974

Kissimmee, FL 34742

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

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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22, 02

Date

Daytime Phone #