

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P02000098375



FILED

03 SEP 29 PM 4: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Entity Name
HI-RITE WOODS, INC.

Principal Place of Business
31725 SW 189 AVE
HOMESTEAD FL 33030

Mailing Address
31725 SW 189 AVE
HOMESTEAD FL 33030

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

61-425525

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

03

6. Name and Address of Current Registered Agent

SONCK, DAVID
31725 SW 189 AVE
HOMESTEAD FL 33030

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PST
NAME SONCK, DAVID
STREET ADDRESS 31725 SW 189 AVE
CITY-ST-ZIP HOMESTEAD FL 33030

☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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CITY-ST-ZIP

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *David Sonck*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

July 11th, 2003

State of Florida Div of Corp
PO Box 6327
Tallahassee, Fl. 32314

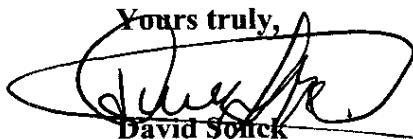
RE: P02000098375
Hi-Rite Woods, Inc.

To whom it may concern:

We have been advised by our bank that the above corporation does not show renewed for this year. We sent on 04/22/03 the renewal along with a check for \$150.00. We have placed a stop payment on the first check that we sent. Enclosed please find the last report that you sent us along with a new check for \$150.00.

Your cooperation is greatly appreciated.

Yours truly,



David Sonick
President