

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90089 044 ***150.00

DOCUMENT # P02000116515

1. Entity Name
HIGH-TECH COMPOSITES, INC.



Principal Place of Business
**1950 MURRELL ROAD
ROCKLEDGE FL 32955**

Mailing Address
**1950 MURRELL ROAD
ROCKLEDGE FL 32955**

2. Principal Place of Business

3. Mailing Address
477 Red Sail Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Satellite Beach FL

Zip

Country

Zip

Country

32937

4. FEI Number

Applied For

Applied for

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRIMO, ANTHONY N
JACOBY, BRIMO, FIGUEROA & CHASE
1581 ROBERT J. CONLAN BLVD. SUITE 107
PALM BAY FL 32905**

Name
Doug S Wright Sr

Street Address (P.O. Box Number is Not Acceptable)
477 Red Sail Way

City **Satellite Beach** **FL** Zip Code **32937**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/VP/T/S** ☐ Delete
NAME **Doug S Wright Sr**
STREET ADDRESS **477 Red Sail Way**
CITY-ST-ZIP **Satellite Beach FL 32937**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Doug S Wright Sr**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-03 (321) 757-0922
Date Daytime Phone #

CR2E034 (10/02)