

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P19684

1. Entity Name

HIGH INDUSTRIES, INC.

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90003 006 \*\*\*150.00

Principal Place of Business

1853 WILLIAM PENN WAY  
P.O. BOX 10008  
LANCASTER PA 17605-7008

Mailing Address

1853 WILLIAM PENN WAY  
P.O. BOX 10008  
LANCASTER PA 17605-0008

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 **23-1480548**

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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.

SIGNATURE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete

NAME **HIGH, S. D**

STREET ADDRESS **1537 NEW HOLLAND PIKE**

CITY-ST-ZIP **LANCASTER PA**

TITLE **VP** ☐ Delete

NAME **CROWLEY, JAMES W**

STREET ADDRESS **818 BENT CREEK DRIVE**

CITY-ST-ZIP **LITIZ PA**

TITLE **S** ☐ Delete

NAME **GERHART, BETTY J.**

STREET ADDRESS **1929 HEATHERTON DRIVE**

CITY-ST-ZIP **LANCASTER PA**

TITLE **T** ☐ Delete

NAME **ESPOSITO, THOMAS R.**

STREET ADDRESS **2370 PARTRIDGE LANE**

CITY-ST-ZIP **LANCASTER PA**

TITLE **VD** ☐ Delete

NAME **HIGH, CALVIN G.**

STREET ADDRESS **1909 OLD PHILADELPHIA PK**

CITY-ST-ZIP **LANCASTER PA**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **SR. VICE PRESIDENT** ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **VP/TREASURER** ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **DIRECTOR** ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*THOMAS R. ESPOSITO*

THOMAS R. ESPOSITO

1/24/00 (717) 293-4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VP/TREASURER

Date

Daytime Phone #

CR2E034 (9/99)