

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90068 015 \*\*\*150.00

0380255 AV

**DOCUMENT # P29019**

1. Entity Name  
**HIGH PLAINS CAPITAL CORPORATION**



Principal Place of Business

**224 DATURA ST  
#315  
WEST PALM BEACH FL 33401  
US**

Mailing Address

**C/O MCGRATH & MEYERS, P.A.  
5725 CORPORATE WAY, SUITE 101  
WEST PALM BEACH FL 33407**

2. Principal Place of Business

**215 S. Olive Avenue**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 200**

City & State

**West Palm Beach FL**

City & State

Zip

**33401**

Country

**US**

Country

4. FEI Number

**59-1942407**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ARNOLD, ROBERT J  
224 DATURA ST  
#315  
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name

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

**215 S. Olive, Suite 215**

City

**West Palm Beach**

**FL**

Zip Code

**33401**

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

TITLE NAME	<b>PSTD</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>HALMOS, PETER</b>	
CITY-ST-ZIP	<b>224 DATURA ST STE 315 WEST PALM BEACH FL 33401</b>	
TITLE NAME	<b>V</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>ARNOLD, ROBERT J</b>	
CITY-ST-ZIP	<b>224 DATURA ST #315 WEST PALM BEACH FL 33401</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>215 S. Olive Avenue, Suite 200</b>
CITY-ST-ZIP	<b>West Palm Beach, FL 33401</b>
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>215 S. Olive Avenue, Suite 200</b>
CITY-ST-ZIP	<b>West Palm Beach FL 33401</b>
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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:

**SIGNATURE REQUIRED Vice President**

**561-833-6300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)