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

04-07-2003 90988 025 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000005058

1. Entity Name

HIGH FIDELITY HOUSE INC. OF FLORIDA

30050176

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6600 W. ROGERS CIRCLE	6600 W. ROGER CIRCLE
Suite, Apt. #, etc.: SUITE 12	Suite, Apt. #, etc.: SUITE 12
City & State: BOCA RATON, FL	City & State: BOCA RATON. FL
Zip: 33487 Country: USA	Zip: 33487 Country: USA

4. FEI Number 65-0378680 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: ADELBERG, KEN

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

6600 W. ROGERS CIRCLE, SUITE 12

City: BOCA RATON FL Zip Code: 33487

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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 / STREET ADDRESS / CITY-ST-ZIP	ADELBERG, KENNETH J PRESIDENT 6600 W. ROGERS CIRCLE, STE. 12 BOCA RATON, FL 33487
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADELBERG, EDNA DIRECTOR 6600 W. ROGERS CIRCLE, STE. 12 BOCA RATON, FL 33487
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADELBERG, DAVID E DIRECTOR 6600 W. ROGERS CIRCLE, STE. 12 BOCA RATON, FL 33487
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ROBBINS, JON A DIRECTOR 6600 W. ROGERS CIRCLE, STE. 12 BOCA RATON, FL 33487
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CR2E034B (12/02)

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

SIGNATURE: X _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #