

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90021 019 ***150.00

DOCUMENT # P93000077054

1. Entity Name

HIGH POINT PARTNERS, INC.

Principal Place of Business

**1834 HERMITAGE BLVD.
SUITE 201
TALLAHASSEE FL 32308**

Mailing Address

**1834 HERMITAGE BLVD.
SUITE 201
TALLAHASSEE FL 32308**

2. Principal Place of Business

2019 Centre Pointe Blvd

Suite, Apt. #, etc.
Suite 101

3. Mailing Address

2019 Centre Pointe Blvd

Suite, Apt. #, etc.
Suite 101

City & State

Tallahassee, FL

Zip
32308

Country

U.S.A.

City & State

Tallahassee, FL

Zip
32308

Country

U.S.A.

4. FEI Number

59-3218098

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOTTICE, H JAY
1834 HERMITAGE BLVD.
SUITE 201
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name

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

2019 Centre Pointe Blvd

Suite 101

City
Tallahassee

FL

Zip Code
32308

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, 2001 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

TITLE **PS** ☐ Delete
NAME **MOTTICE, H JAY**
STREET ADDRESS **1834 HERMITAGE BLVD., SUITE 201**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **V** ☐ Delete
NAME **MOTTICE, JOHN P**
STREET ADDRESS **1834 HERMITAGE BLVD., SUITE 201**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **2019 Centre Pointe Blvd., Suite 101**
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE ☐ Change ☐ Addition
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STREET ADDRESS **2019 Centre Pointe Blvd., Suite 101**
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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:

V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/01

Date

850-386-2117

Daytime Phone #

CR2E034 (10/00)