

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90063 007 ***158.75

DOCUMENT #

1. Entity Name **P960000034750** ✓
HIGHGATE WOODWORKS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5750 COLUMBIA CIR.

3. Mailing Address

5750 COLUMBIA CIR.

Suite, Apt., etc.

Suite, Apt., etc.

DO NOT WRITE IN THIS SPACE

City & State

MANGONIA PARK, FL

City & State

MANGONIA PARK, FL

Zip

33407

Country

USA

Zip

33407

Country

USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

NICOLA PAULODINO

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

6273 POMPADO ST.

City

JUPITER

FL

Zip Code

33418

**DO NOT WRITE
IN THIS SPACE**

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]

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

4/25/02

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)**



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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	PRESIDENT
NAME	NICOLA PAULODINO
STREET ADDRESS	6273 POMPADO ST.
CITY-ST-ZIP	JUPITER, FL. 33418
TITLE	TREASURER
NAME	MARK CHILDS
STREET ADDRESS	6372 WOOD LAKE RD
CITY-ST-ZIP	JUPITER, FL. 33458
TITLE	VP
NAME	PETER CHILDS
STREET ADDRESS	6372 WOOD LAKE RD
CITY-ST-ZIP	JUPITER, FL. 33458
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034B (12/01)