2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91527 046 ***150.00

DOCUMENT # P98000040649

1. Entity Name
HIGHPOINT ENTERPRISES OF PORT CHARLOTTE, INC.

Principal Place of Business	Mailing Address
323 PORT RICHMOND AVE STATEN ISLAND NY 10302	323 PORT RICHMOND AVE STATEN ISLAND NY 10302

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1208 NORTH CASEY KEY RD	SUPLEE & SHEA 800 SO. OSPREY AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. BLDG. B
City & State OSPREY, FL	City & State SARASOTA, FL
Zip 34275 Country	Zip 34236 Country

4. FEI Number 59-3509114 ☐ 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
WEBBER, MICHAEL 8421 MAIN STREET BOKEELA FL 33922	Name: ROBERT C. GUNTHER Street Address (P.O. Box Number is Not Acceptable): 1208 CASEY KEY RD NORTH City: OSPREY **FL** Zip Code: 34275

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 X Robert C Gunther 5/01/02
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, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUNTHER, ROBERT C 2718 CASEY KEY RD NOLOMIS FL 34275	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX ☐ Change ☐ Addition 1208 CASEY KEY RD NORTH OSPREY, FL 34275
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUNTHER, JAYNE C 2718 CASEY KEY RD NOLOMIS FL 34275	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX Change ☐ Addition 1208 CASEY KEY RD NORTH OSPREY, FL 34275
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANISCHEWSKI, ROY K 323 PORT RICHMOND AVENUE STATEN ISLAND NY 10302	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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: X SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/01/02 Daytime Phone #