

**2000 UNIFORM BUSINESS REPORT (UBR)**

Pg. 1 of 2

DOCUMENT # P98000078388

1. Entity Name  
HIGH 5, CO.

FILED

00 MAY 10 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
5014 E. BUSCH BOULEVARD SUITE 103 TAMPA FL 33614  
5014 E. BUSCH BOULEVARD SUITE 103 TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3540625	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEE, SAMUEL D 5014 E. BUSCH BOULEVARD SUITE 103 TAMPA FL 33614			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, SAMUEL D 5014 E. BUSCH BOULEVARD TAMPA FL 33614 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000003274730-5 -06/02/00--01021--013 ***300.00 ***300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: SAMUEL D. LEE (813) 899-1109  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

**Jae (Jay) H. Kim, CPA**

*Certified Public Accountant*

1502 W. Busch Blvd. Suite A2, Tampa, FL 33612  
Tel: (813) 935-3935, Fax: (813) 935-8576, E-Mail: Ohbang@aol.com

March 23, 2000

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: High 5, Co.  
Document No.: P98000078388

Dear Sir/Madam:

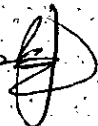
My above referred client was administratively dissolved effective September 24, 1999. However, the officer of my client alleges that he sent the annual report before May 1, 1999, with a check of \$150 and that he has no idea of what happened to the report and the check thereafter. In addition, he has had no idea of what he had to do in order to resolve this matter and just time passed.

In my humble opinion, I believe what the officer of my client is alleging. As you know, my client is a very small business with limited financial resources and the reinstatement fee of \$600 will put undue hardship on my client. Under the circumstances, I earnestly request you to abate the reinstatement fee and retroactively put my client back to the active status.

My client will send an Application for Reinstatement with a check of \$150 as soon as you respond this letter with a good news. Your prompt attention and help in this matter will be greatly appreciated. If you have any questions, please do not hesitate to call me.

Yours very truly,

Jae H. Kim, CPA



cc: Samuel D. Lee, President  
High 5, Co.