

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

5014 E. BUSCH BOULEVARD
SUITE 103
TAMPA FL 33614

Mailing Address

5014 E. BUSCH BOULEVARD
SUITE 103
TAMPA FL 33614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3540625

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

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, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LEE, SAMUEL D
STREET ADDRESS 5014 E. BUSCH BOULEVARD
CITY-ST-ZIP TAMPA FL 33614

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(813) 899-1109

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.