

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008796

1. Entity Name

HIGHER PERCEPTIONS, INC.

Principal Place of Business

400 W AIRPORT DRIVE
SEBASTIAN FL 32958

Mailing Address

400 W AIRPORT DRIVE
SEBASTIAN FL 32958

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

141 Orange Dr.

Suite, Apt. #, etc.

141 orange dr

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

Zip

Country

33436-1838

U.S.

Zip

Country

33436-1838

U.S.

4. FEI Number

65-0896287

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OWENS, MONIQUE A
141 ORANGE DR.
BOYNTON BEACH FL 33436-1838

7. Name and Address of New Registered Agent

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

Same

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
AUBIN, JASON M
400 W AIRPORT DRIVE
SEBASTIAN FL 32958

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AUBIN, Jason M
141 orange dr.
Boynton Beach, FL 33436-1838

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/2000 (607) 204-2157

Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)