

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90077 007 ***150.00

DOCUMENT # P99000014469

1. Entity Name
HIGH ENERGY ENTERTAINMENT INC.

Principal Place of Business

**8 CYPRESS STREET EAST
DAVENPORT FL 33837**

Mailing Address

**8 CYPRESS STREET EAST
DAVENPORT FL 33837**

2. Principal Place of Business

3. Mailing Address

2610 MONTEGO BAY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

KISSIMMEE

FL

Zip

Country

Zip

34746

Country

USA

4. FEI Number

59-3503339

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

MANN, GEOFFREY H

2610 MONTEGO BAY BLVD.

KISSIMMEE FL 34746

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

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	DP	<input type="checkbox"/> Delete
NAME	COOK, SCOTT A	
STREET ADDRESS	8 CYPRESS STREET E.	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MANN, GEOFFREY H	
STREET ADDRESS	2610 MONTEGO BAY BLVD.	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROBLES, VERONICA	
STREET ADDRESS	4876 CYPRESS WOOD DRIVE, APT. 227	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	T	<input type="checkbox"/> Delete
NAME	ANDERSON, BARBARA	
STREET ADDRESS	817 CATALINA DRIVE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

CR2E034 (9/01)