

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90055 007 \*\*\*150.00

**DOCUMENT # P99000072219**

1. Entity Name  
**HIGH SKIES, INC.**

Principal Place of Business 255 SOUTH ORANGE AVENUE SIXTH FLOOR ORLANDO FL 32801	Mailing Address 255 SOUTH ORANGE AVENUE SIXTH FLOOR ORLANDO FL 32801-3445
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1274 HILL STREAM DR</b>	3. Mailing Address <b>1274 HILL STREAM DR</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>GENEVA FL</b>	City & State <b>GENEVA FL</b>	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip <b>32732</b>	Country <b>USA</b>	Zip <b>32732</b>	Country <b>USA</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PINO, LAURENCE J**  
**255 SOUTH ORANGE AVENUE**  
**SIXTH FLOOR**  
**ORLANDO FL 32801**

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 \_\_\_\_\_  
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.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PINO, LAURENCE J</b> <b>255 SOUTH ORANGE AVENUE, SIXTH FLOOR</b> <b>ORLANDO FL 32801</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/T/D</b> <b>Worsnop, Tamara Jordan</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1274 Hill Stream Dr.</b> <b>Geneva FL 32732</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b> <b>Rahm, Jeffrey</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1274 Hill Stream Dr.</b> <b>Geneva FL 32732</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> 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: *Tamara Jordan Worsnop* Pres 4-18-00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #