

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90065 025 \*\*\*150.00

DOCUMENT #

1. Entity Name

P99000072219 ✓  
HIGH SKIES, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1274 HILL STREAM DR

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

GENEVA

City & State

4. FEI Number

593667071

Applied For

Not Applicable

Zip

32732

Country

USA

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

LAWRENCE J. PINO

Street Address (P.O. Box Number Is Not Acceptable)

255 S. ORANGE AVE, #600

City

ORLANDO

FL

Zip Code

32801

**DO NOT WRITE  
IN THIS SPACE**

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)

January 1, May 1 Fee is \$180.00

After May 1 Fee is \$550.00

Amended UBR is \$60.00

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	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PRESIDENT, TREASURER	TAMARA J WORSNOP	1274 HILL STREAM DR	GENEVA, FL 32732				
DIRECTOR, SECRETARY	CHARLES A WORSNOP	1274 HILL STREAM DR	GENEVA, FL 32732				

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Tamara J. Worsnop*

4/30/02

407-349-1301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #