

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91391 043 ***163.75

0534928 AV

DOCUMENT # S02953

1. Entity Name
HIGHPOINT GENERAL CONTRACTING, INC.



Principal Place of Business
**524 INDUSTRIAL BLVD.
NAPLES FL 34104
US**

Mailing Address
**524 INDUSTRIAL BLVD.
NAPLES FL 34104
US**



2. Principal Place of Business
**1861 Jung Blvd
Suite, Apt. #, etc.
NAPLES, Florida
City & State**

3. Mailing Address
**1861 Jung Blvd
Suite, Apt. #, etc.
NAPLES, FL
City & State**

☒ CHECK HERE IF MAKING CHANGES

Zip
34120-0486

Country
Collier

Zip
34120-0486

Country
Collier

4. FEI Number **65-0219791**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRESEE, DARRELL
524 IND BLVD
NAPLES FL 34104**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Darrell Breesee*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☒ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
BRESEE, DARRELL
2872 50TH ST. SW.
NAPLES FL 34104**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Darrell Breesee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-03

Date

352-5788

Daytime Phone #

CR2E034 (10/02)