

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S52371

1. Entity Name

HIGH POINT ENTERPRISES, INCORPORATED

**FILED**  
**Sep 06, 2000 8:00 am**  
**Secretary of State**

09-06-2000 90100 021 \*\*\*550.00

Principal Place of Business

25 SHADOWBROOK ROAD  
SHREWSBURY NJ 07702

Mailing Address

323 PORT RICHMOND AVENUE  
STATEN ISLAND NY 10302

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

~~92-2975665~~  
58-1987535

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WEBBER, MICHAEL D.  
325 ISLAND WAY  
UNIT 103  
CLEARWATER FL 33767

7. Name and Address of New Registered Agent

Name: Webber, Michael  
Street Address (P.O. Box Number is Not Acceptable): 8421 Main St  
City: Boca Raton FL Zip Code: 33392

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 \$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	PT	<input type="checkbox"/> Delete
NAME	GUNTHER, ROBERT C	
STREET ADDRESS	25 SHADOWBROOK RD	
CITY-ST-ZIP	SHREWSBURY NJ	
TITLE	S	<input type="checkbox"/> Delete
NAME	GUNTHER, JAYNE C	
STREET ADDRESS	25 SHADOWBROOK RD	
CITY-ST-ZIP	SHREWSBURY NJ	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DANISCHEWSKI, ROY K	
STREET ADDRESS	323 PORT RICHMOND AVENUE	
CITY-ST-ZIP	STATEN ISLAND NY	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Roy K. DANISCHEWSKI  
8-8-00

Date

Daytime Phone #

CR2E034 (5/00)