

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V33714

1. Entity Name

HIGH TECHNOLOGY ENGINEERING SERVICES, INC.

Principal Place of Business

1715 WAHOO CIRCLE
PANAMA CITY BEACH FL 32408
US

Mailing Address

PO BOX 28064
PANAMA CITY BEACH FL 32411

2. Principal Place of Business

1715 Wahoo Cr. Panama City Beach, FL
Suite, Apt. #, etc. 32408

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3121594

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GAMBLE, FLORENCE N
1307 POMPANO ROAD 1715 Wahoo Cr.
PANAMA CITY BEACH FL 32408

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, 2001 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 VP
NAME GAMBLE, MICHAEL T
STREET ADDRESS 1307 POMPANO RD 1715 Wahoo Cr.
CITY-ST-ZIP PANAMA CITY BCH FL

☐ Delete

TITLE P
NAME GAMBLE, FLORENCE N
STREET ADDRESS 1307 POMPANO RD 1715 Wahoo Cr.
CITY-ST-ZIP PANAMA CITY FL

☐ Delete

TITLE ST
NAME MARIE, PERULLO
STREET ADDRESS 1307 POMPANO RD 1715 Wahoo Cr.
CITY-ST-ZIP PANAMA CITY FL 32408

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Florence N. Gamble
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 1, 01 850 233-8056
Date Daytime Phone #

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90124 028 ***150.00



DO NOT WRITE IN THIS SPACE

046057

CR2E034 (10/00)