

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90030 039 ***150.00

DOCUMENT # 689405

1. Entity Name

DAVID HIGGINS, P.A.

Principal Place of Business

Mailing Address

3949 EVANS AVE
 SUITE 301-B
 FT MYERS FL 33901
 US

3949 EVANS AVE
 SUITE 301-B
 FT MYERS FL 33901-9344
 US

00000112



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3949 EVANS AVE

3949 EVANS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 302

SUITE 302

City & State

City & State

FORT MYERS, FL

FORT MYERS, FL

Zip

Country

Zip

Country

33901

EE US

33901-9344

EE US

4. FEI Number

59-2027258

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HIGGINS, DAVID
3949 EVANS AVE STE 301-B
FT. MYERS FL 33901

302

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HIGGINS, DAVID 3949 EVANS AVENUE FT. MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HIGGINS, DAVID 3949 EVANS AVENUE FT. MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Higgins* **DAVID HIGGINS**

1/4/2000 (941) 936-1041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #