

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90116 005 \*\*\*150.00

**DOCUMENT # 830666**

1. Entity Name

**DOUGLAS N. HIGGINS INC.**

Principal Place of Business

Mailing Address

3390 TRAVIS POINTE RD.  
 SUITE A  
 ANN ARBOR MI 48108  
 US

3390 TRAVIS POINTE RD.  
 SUITE A  
 ANN ARBOR MI 48108-9551  
 US

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

**38-1807765**

Applied For

Not Applied For

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KELLY, ROBERT J**  
**415 VINNEDGE RIDE**  
**TALLAHASSEE FL**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	<b>SWEET, JAMES H.</b>	NAME	
STREET ADDRESS	<b>9462 HIDDEN LAKE CIRCLE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DEXTER MI</b>	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	<b>HAWKER, SUZANNE</b>	NAME	
STREET ADDRESS	<b>9462 HIDDEN LAKE CIRCLE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DEXTER MI</b>	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	<b>HIGGINS, DOUGLAS N</b>	NAME	
STREET ADDRESS	<b>3390 TRAVIS POINTE RD., SUITE A</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ANN ARBOR, MICH 00000</b>	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	<b>WILKIE, KELLY</b>	NAME	
STREET ADDRESS	<b>3390 TRAVIS POINTE RD. / #A</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ANN ARBOR MI 48108</b>	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	<b>HIGGINS, DANIEL</b>	NAME	
STREET ADDRESS	<b>2887 TAMAMI TRAIL EAST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 34112</b>	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	<b>WILLIAM, HIGGINS</b>	NAME	
STREET ADDRESS	<b>3390 TRAVIS POINTE RD/ #A</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ANN ARBOR MI 48108</b>	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 another like empowered.

SIGNATURE:

*SIGNATURE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-2000

734-996-9500

Date

Daytime Phone #