

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90110 016 \*\*\*150.00

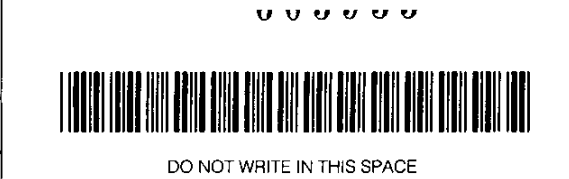
0586646

**DOCUMENT # 830666**  
 1. Entity Name  
**DOUGLAS N. HIGGINS INC.**

|  |  |
|--|--|
| Principal Place of Business<br>3390 TRAVIS POINTE RD.<br>SUITE A<br>ANN ARBOR MI 48108<br>US | Mailing Address<br>3390 TRAVIS POINTE RD.<br>SUITE A<br>ANN ARBOR MI 48108<br>US |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |                                 |  |
|--------------|--------------|---------------------------------|--|
| City & State | City & State | 4. FEI Number <b>38-1807765</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country      | Zip                             | Country  |



6. Name and Address of Current Registered Agent  
**KELLY, ROBERT J**  
**415 VINNEDGE RIDE**  
**TALLAHASSEE FL**

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 \_\_\_\_\_ (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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>SWEET, JAMES H.</b><br><b>9462 HIDDEN LAKE CIRCLE</b><br><b>DEXTER MI</b>                         | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ST</b><br><b>HAWKER, SUZANNE</b><br><b>9462 HIDDEN LAKE CIRCLE</b><br><b>DEXTER MI</b>                        | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>HIGGINS, DOUGLAS N</b><br><b>3390 TRAVIS POINTE RD., SUITE A</b><br><b>ANN ARBOR, MICH 00000</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>WILKIE, KELLY</b><br><b>3390 TRAVIS POINTE RD / #A</b><br><b>ANN ARBOR MI 48108</b>               | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>HIGGINS, DANIEL</b><br><b>2887 TAMiami TRAIL EAST</b><br><b>NAPLES FL 34112</b>                   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>WILLIAM, HIGGINS</b><br><b>3390 TRAVIS POINTE RD/ #A</b><br><b>ANN ARBOR MI 48108</b>             | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Douglas N. Higgins* **Douglas N. Higgins** 1/8/01 734-996-9500  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)