

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90092 004 ***150.00

REARER AT

DOCUMENT # 830666

1. Entity Name
DOUGLAS N. HIGGINS INC.



Principal Place of Business
**3390 TRAVIS POINTE RD.
SUITE A
ANN ARBOR MI 48108
US**

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **38-1807765**

Applied For
 Not Applicable

City & State

Zip Country Zip Country

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3390 Travis Pointe Rd. Suite A	
CITY-ST-ZIP	Ann Arbor, Mi. 48108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED PRESIDENT 1/17/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)