2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 830666

1. Entity Name

DOUGLAS N. HIGGINS INC.

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TE RD.	

FILED Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90092 004 ***150.00

<u> </u>			'	OD WE TH]				
Principal Place of	of Business	Mailing Address			┥				
3390 TRAVIS POL			Nn.						
	ne.	3390 TRAVIS POINTE R	(D.		}				
SUITE A		SUITE A							
ANN ARBOR MI 4	48108	ANN ARBOR MI 48108			I MARIA MARA DELL'ARDE ALCONALI			#1211 212 11 1421	
US]				
2. Principal Plac	ce of Business	3. Mailing Address	ing Address						
,		5. Mailing Address			1 (and the first shift will believe the	I BILL STEN BIBLI	EISH SIEN	DEREN BIBLI SORI	
Suite, Apt. #,	etc	Cuite And Hart		<u>_</u>					
Suite, Apt. #, etc. Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGE		2		
City & Ctoto			·			., 1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	" IAIGE	,	
City & State City & State		City & State			4. FEI Number			Applied For	
			_		38-1807765		<u> </u>	ot Applicab	
Zip	Country	Zip	Country						
<u> </u>	İ				Certificate of Status Desired		8.75 Ade Requir		
	6. Name and Address of Current Re	egistered Agent	<u>_</u>		7 Name and Add (N. m.		•	ed	
,	_	-giotorea rigent	Nar		7. Name and Address of New R	egistered Age	<u>ent</u>		
RELLY DODG	TOT I		Ivar	riie		~	• -		
Kelly, Robe			C4	not Address 1	DO Bookhark and the				
415 VINNEDG	SE RIDE		Stre	et Address (P.O. Box Number is Not Acceptable)			
TALLAHASSE	C EI								
I ALLAI IAGGEI	L FL								
			City			<u> </u>			
 -	<u> </u>					FL!	Zip Coo		
The above nar	med entity submits this statement for the of the sof registered agent.	e purpose of changing it	ts registered offic	20 or rogistor	ad agent as best in the Outer (E)	 _1			
the obligations	s of registered agent.		io regionarda cinic	oo or register	ed agent, or both, in the state of Fib	ida. Tam fam	ıllar with	, and accept	
Signature	*								
Sign	nature, typed or printed name of registered agent and	title if applicable. (NO	OTE: Registered Agent s	signature required	when reinstating)	DATE			
Fue	NOWIN FEE IS ALTO AS		-			- UAIL			
	NOW!!! FEE IS \$150.00				a = 1 a				
After Ma	ay 1, 2003 Fee will be \$550.00		•	·	9. Election Campaign Fina)0 May Be	
Make Check Pa	yable to Florida Department of S	tate			Trust Fund Contribution	. \square	Adde	d to Fees	
10.	OFFICERS AND DIE	RECTORS	11,		ADDITIONS (CHANGES TO OFF)	0EB0 4410 B			
TITLE - V					ADDITIONS/CHANGES TO OFFI	JERS AND DI	RECTOR	S IN 11	
	/EET, JAMES H.	☐ Delete	TITLE] Change	Addition	
TRICE SAY	ICCI, JAMES II.		NAME	ſ					
	52 HIDDEN LAKE CIRCLE		STREET ADDRE	ess					
CITY-ST-ZIP DE)	XTER MI		CITY-ST-ZIP	l					
TITLE ST									
1	MAKED OLIZANIE	☐ Delete	TITLE] Change	☐ Addition	
MA	WKER, SUZANNE		NAME	ľ					
STREET ADDRESS 946	2 HIDDEN LAKE CIRCLE		STREET ADDRE	ss					
CITY-ST-ZIP DEX	KTER MI	•	CITY-ST-ZIP	ľ					
TITLE PD									
ייין	IONIO DOLLOLAS ::	☐ Delete	TITLE				Change	☐ Addition	
HIG	GINS, DOUGLAS N ::-		NAME			–	=		
TREET ADDRESS 339	O TRAVIS POINTE RD., SUITE A		STREET ADDRES	SS	- 1/m				
CITY-ST-ZIP ANN	N ARBOR, MICH 00000		CITY-ST-ZIP						
TLE V		<u> </u>							
17	ME MELLY	Delete	TITLE	ſ			Change	☐ Addition	
MAIL IMIL	KIE, KELLY		NAME	1			-		
	0 TRAVIS POINTE RD / #A		STREET ADDRES	ss	•				
	N ARBOR MI 48108		CITY-ST-ZIP		•				
TLE V			-						
1,4	OING DANIE	☐ Delete	TITLE	l		X.	Change	☐ Addition	
	GINS, DANIEL		NAME	İ		. –	-		
TREET ADDRESS 2887	7 TAMIAMI TRAIL EAST		STREET ADDRES	ऽऽ । ३२०	O Travis Pointe Rd.	C# +			
TY-ST-ZIP NAP	PLES FL 34112		CITY-ST-ZIP			Suite	A		
				Ann	Arbor, Mi. 48108				
TLE V		[T] 0.1.4.	Time C	1					

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 changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

WILLIAM, HIGGINS

ANN ARBOR MI 48108

3390 TRAVIS POINTE RD/ #A

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

Daytime Phone #

☐ Change

☐ Addition