

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90103 039 ***150.00

DOCUMENT # G80645
1. Entity Name
FLORIDA HIGHLANDS PROPERTIES, INC.



Principal Place of Business
**50 W MASHTA DRIVE
SUITE 5
KEY BISCAIYNE FL 33149**

Mailing Address
**641 SOUTH MASHTA DRIVE
KEY BISCAIYNE FL 33149
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 **59-2420809**

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

**LONDON, I. EDWARD
641 S. MASHTA DR
KEY BISCAIYNE FL 33149**

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	DS	<input type="checkbox"/> Delete
NAME	GALLAGHER III, CHARLES T	
STREET ADDRESS	641 SOUTH MASHTA DRIVE	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LONDON, EDWARD I	
STREET ADDRESS	641 SOUTH MASHTA DRIVE	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LONDON, VICTORIA	
STREET ADDRESS	641 SOUTH MASHTA DRIVE	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE		<input type="checkbox"/> Delete
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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 information.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** *2/11/03* *305-361-9720*
Date Daytime Phone #

CR2E034 (10/02)