

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90162 050 ***558.75

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DOCUMENT # P00000046501

1. Entity Name
BILL HIGGINS PAINTING, INC.



Principal Place of Business
**8322 WILLOWWOOD STREET
ORLANDO FL 32818**

Mailing Address
**8322 WILLOWWOOD STREET
ORLANDO FL 32818**

2. Principal Place of Business
14006 BEARGRASS CT
Suite, Apt. #, etc.

3. Mailing Address
14006 BEARGRASS CT
Suite, Apt. #, etc.

City & State
Winter Garden, FLA
Zip
34787
Country
U.S.A.

City & State
Winter Garden, FL
Zip
34787
Country
U.S.A.

4. FEI Number
59-3646293

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HIGGINS, WILLIAM
8322 WILLOWWOOD STREET
ORLANDO FL 32818**

7. Name and Address of New Registered Agent

Name
HIGGINS, WILLIAM
Street Address (P.O. Box Number is Not Acceptable)
14006 BEARGRASS CT.
City
Winter Garden **FL** Zip Code
34787

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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HIGGINS, WILLIAM G 8322 WILLOWWOOD ST. ORLANDO FL 32818	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HIGGINS, ANN MARIE J 8322 WILLOWWOOD ST ORLANDO FL 32818	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HIGGINS, WILLIAM G. 14006 BEARGRASS CT WINTER GARDEN, FL 34787	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HIGGINS, ANN MARIE J 14006 BEARGRASS CT WINTER GARDEN, FL 34787	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: William Higgins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/03
Date

901 877-9937
Daytime Phone #

CR2E034 (10/02)