

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State

L-12033 AV

DOCUMENT # P99000107642

1. Entity Name
HIGHWOODS CONTRACTING CORPORATION

01-14-2002 90032 049 ***150.00

Principal Place of Business
**22134 LITTLE LAGOON CT.
 LUTZ FL 33549**

Mailing Address
**22134 LITTLE LAGOON CT.
 LUTZ FL 33549**



2. Principal Place of Business
1815 Tangledvine DR

3. Mailing Address
1815 Tangledvine DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Wesley Chapel, FL	City & State Wesley Chapel, FL	4. FEI Number 59-3612666	Applied For <input type="checkbox"/> Not Applicable
Zip 33543	Country VASCO	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LENHART, JOHN J III 22134 LITTLE LAGOON CT. LUTZ FL 33549		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: *John J Lenhart III*
Signature, typed or printed name of registered agent and, if applicable, (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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LENHART, JOHN J 22134 LITTLE LAGOON CT. LUTZ FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD John J Lenhart III 1815 Tangledvine DR Wesley Chapel FL 33543 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LENHART, GENE 8721 VERDE TAMPA FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LENHART, JAMIE 3350 PENDLETON WAY LAND O LAKES FL 34639 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LENHART, JON C 22134 LITTLE LAGOON LUTZ FL 33549 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: *John J Lenhart III*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-02 813-477-2734
Date Daytime Phone #

CR2E034 (9/01)