## **FILED** 2000 UNIFORM BUSINESS REPORT (UBR) Jan 20, 2000 8:00 am Secretary of State **DOCUMENT # \$30360** 1. Entity Name HIGGINS ELECTRICAL SERVICES, INC. 01-20-2000 90227 032 \*\*\*158.75 Mailing Address Principal Place of Business 3037 HAVERHILL ROAD 3037 HAVERHILL ROAD OUUUTUUV WEST PALM BEACH FL 33417-2849 WEST PALM BEACH FL 33417-2849 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0243732 Not Applicable Country \$8.75 Additional Zip Country Zip K 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HIGGINS, KATHLEEN G. Street Address (P.O. Box Number is Not Acceptable) 3037 HAVERHILL ROAD WEST PALM BEACH FL 33417 City 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE Delete TITLE HIGGINS, KATHLEEN G. NAME STREET ADDRESS 3037 HAVERHILL ROAD STREET ADDRESS WEST PALM BEACH FL 33417-2849 CITY-ST-ZIP CITY-ST-7IF ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP Change ☐ Addition ☐ Delete TITLE TITLE

13. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE** 

NAME

STREET ADDRESS

CITY-ST-ZIP

LIGHATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00

(561) 684-6400

Date

Daytime Phone #

(20.0) 100-131-10