

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 830666

1. Entity Name

DOUGLAS N. HIGGINS INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90116 005 ***150.00

Principal Place of Business
3390 TRAVIS POINTE RD.
SUITE A
ANN ARBOR MI 48108
US

Mailing Address
3390 TRAVIS POINTE RD.
SUITE A
ANN ARBOR MI 48108-9551
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **38-1807765**

Applied For

Not Applied

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

KELLY, ROBERT J
415 VINNEDGE RIDE
TALLAHASSEE FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title 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, 2000 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	<input type="checkbox"/> Delete
V	SWEET, JAMES H.	9462 HIDDEN LAKE CIRCLE	DEXTER MI	<input type="checkbox"/>
ST	HAWKER, SUZANNE	9462 HIDDEN LAKE CIRCLE	DEXTER MI	<input type="checkbox"/>
PD	HIGGINS, DOUGLAS N	3390 TRAVIS POINTE RD., SUITE A	ANN ARBOR, MICH 00000	<input type="checkbox"/>
V	WILKIE, KELLY	3390 TRAVIS POINTE RD. / #A	ANN ARBOR MI 48108	<input type="checkbox"/>
V	HIGGINS, DANIEL	2887 TAMAMI TRAIL EAST	NAPLES FL 34112	<input type="checkbox"/>
V	WILLIAM, HIGGINS	3390 TRAVIS POINTE RD/ #A	ANN ARBOR MI 48108	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Additio
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 another like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-2000

Date

734-996-9500

Daytime Phone #