

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

0475009 AV

DOCUMENT # 135226

1. Entity Name
HIGHLANDS FERTILIZER COMPANY

02-12-2002 90101 020 ***150.00

Principal Place of Business
526 PARK STREET
PO BOX 1299
SEBRING FL 33871-1299
US

Mailing Address
526 PARK STREET
PO BOX 1299
SEBRING FL 33871-1299
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

4. FEI Number **59-0290375**
 Applied For
 Not Applicable

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

HARSHMAN, W E
526 PARK ST.
SEBRING FL 33870

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	KOCH, LOUISE	
STREET ADDRESS	1908 DELEON PL	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDREWS, EMMETT	
STREET ADDRESS	2237 NE LAKEVIEW DRIVE	
CITY-ST-ZIP	SEBRING FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VICKERS, BARBARA	
STREET ADDRESS	1228 STENWAHEE AVENUE	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LEHMAN, PATRICIA (ASST)	
STREET ADDRESS	2729 QUEENSWOOD DRIVE	
CITY-ST-ZIP	SEBRING FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SCHUMACHER, C.R.	
STREET ADDRESS	1901 DE SOTO PLACE	
CITY-ST-ZIP	SEBRING FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HARSHMAN, WALTER E	
STREET ADDRESS	1416 NW LAKEVIEW DR	
CITY-ST-ZIP	SEBRING FL	

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

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 reports 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1-25-02** Daytime Phone #: **863-385-5149**

CR2E034 (9/01)