

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 419283

1. Entity Name

HIGHLAND VIEW MOTORS, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90012 027 ***150.00

Principal Place of Business

603 HIGHWAY 98
HIGHLAND VIEW
PORT ST. JOE FL 32456-2751

Mailing Address

603 HIGHWAY 98
HIGHLAND VIEW
PORT ST. JOE FL 32456

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1496816

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

COSTIN, CHARLES A
413 WILLIAMS AVENUE
PORT ST. JOE FL 32456

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 PD
NAME ROBERSON, W H
STREET ADDRESS 210 BAYVIEW DRIVE
CITY-ST-ZIP PORT ST JOE, FL 00000 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2470 Bayview Dr.
CITY-ST-ZIP port St. Joe FLA. 32456

TITLE DS
NAME ROBERSON, C M
STREET ADDRESS 210 BAYVIEW DRIVE
CITY-ST-ZIP PORT ST JOE, FL 00000 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2470 Bayview Dr.
CITY-ST-ZIP port St. Joe, FLA. 32456

TITLE D
NAME ROBERSON, R C
STREET ADDRESS 1904 MONUMENT AVE.
CITY-ST-ZIP PORT ST. JOE FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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: W. Roberson, W.H. Roberson, Presd.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-00
Date

1-850-229-6999
1-850-229-6637
Daytime Phone #

CR2E034 (9/99)