

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90030 039 \*\*\*150.00

**DOCUMENT # 689405**

1. Entity Name

**DAVID HIGGINS, P.A.**

Principal Place of Business

Mailing Address

3949 EVANS AVE  
 SUITE 301-B  
 FT MYERS FL 33901  
 US

3949 EVANS AVE  
 SUITE 301-B  
 FT MYERS FL 33901-9344  
 US

00000112



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**3949 EVANS AVE**

**3949 EVANS AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 302**

**SUITE 302**

City & State

City & State

**FORT MYERS, FL**

**FORT MYERS, FL**

Zip

Country

Zip

Country

**33901**

**EE US**

**33901-9344**

**EE US**

4. FEI Number

**59-2027258**

Applied For

Not Applicable

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

**HIGGINS, DAVID**  
**3949 EVANS AVE STE 301-B**  
**FT. MYERS FL 33901**

**302**

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  Delete  
 NAME **PST HIGGINS, DAVID**  
 STREET ADDRESS **3949 EVANS AVENUE**  
 CITY-ST-ZIP **FT. MYERS FL**

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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD HIGGINS, DAVID**  
 STREET ADDRESS **3949 EVANS AVENUE**  
 CITY-ST-ZIP **FT. MYERS FL**

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Higgins* **DAVID HIGGINS**

1/4/2000 (941) 936-1041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #