

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91308 040 ***150.00

CR10750 AT

DOCUMENT # 823331

1. Entity Name

HIGHLINES CONSTRUCTION COMPANY, INC.

Principal Place of Business

**701 BRIDGE CITY AVENUE
 WESTWEGO LA 70094**

Mailing Address

**701 BRIDGE CITY AVENUE
 WESTWEGO LA 70094
 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

72-0679822

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

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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, 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 **P** ☐ Delete
 NAME **SOIGNET, ELMO A III**
 STREET ADDRESS **313 HALE DAVIS**
 CITY-ST-ZIP **THIBODAU LA 70301**

TITLE ☒ Change ☐ Addition
 NAME **313 HALE DRIVE**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** ☐ Delete
 NAME **KIHNMANN, VICKI**
 STREET ADDRESS **405 LASALLE DR**
 CITY-ST-ZIP **RIVER RIDGE LA 70123**

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

TITLE **DC** ☐ Delete
 NAME **HUGHES, H. DANIEL II**
 STREET ADDRESS **52 HERMITAGE DR**
 CITY-ST-ZIP **MARRERO LA 70072**

TITLE ☒ Change ☐ Addition
 NAME **227 GARDEN ROAD**
 STREET ADDRESS **RIVER RIDGE LA 70123**
 CITY-ST-ZIP

TITLE **ASC** ☐ Delete
 NAME **KRUG, ANDREA**
 STREET ADDRESS **5003 MT WHITNEY DR**
 CITY-ST-ZIP **MARRERO LA 70072**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 (504) 436-3961
 Date Daytime Phone #

CR2E034 (9/01)