

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90966 021 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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



☒ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agents signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SOIGNET, ELMO A III**
STREET ADDRESS **313 HALE DRIVE**
CITY-STATE-ZIP **THIBODAUX, LA 70301**

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

TITLE **DC** ☐ Delete
NAME **HUGHES, H. DANIEL II**
STREET ADDRESS **227 GARDEN ROAD**
CITY-STATE-ZIP **RIVER RIDGE, LA 70123**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Change ☒ Addition
NAME **CHIEF FINANCIAL OFFICER**
STREET ADDRESS **RICHARD E CHANDVE**
CITY-STATE-ZIP **4417 NAPOLI DR**
METairie LA 70002

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ANDREA KRUG
CONTROLLER

4/29/03
Date

(504) 436-3961 X17
Daytime Phone #

CR2E034 (10/02)