

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013832 AT

DOCUMENT # **A02000001329**

1. Entity Name
D & D HIGMAN ENTERPRISES, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 13 AM 10:12

Principal Place of Business
% DAVID A. HIGMAN
555 5TH AVENUE N.E. #943
ST. PETERSBURG FL 33701

Mailing Address
% DAVID A. HIGMAN
555 5TH AVENUE N.E. #943
ST. PETERSBURG FL 33701



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number

Applied For

51-0433316

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

HIGMAN, DAVID A
555.5TH AVENUE N.E. #943
ST. PETERSBURG FL 33701

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.

DATE

9. Capital Contributions
as Shown on record.

\$3,500,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P97000004475**
NAME **ISAAC ENTERPRISES, INC.**
STREET ADDRESS **555 5TH AVENUE NE, #943**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

STREET ADDRESS

CITY-ST-ZIP

000017917220

05/02/03--01118--016 **526.25

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **DAVID A. HIGMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

28 APR 2003

Date

727-822-8774

Daytime Phone #

CR2E003 (10/02)

BLT