## **2003 FOR PROFIT CORPORATION**

## Mar 10, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) F98948 DOCUMENT # 1. Entity Name 03-10-2003 90778 033 \*\*\*150.00 HIGGINBOTHAM & COMPANY, P.A. Principal Place of Business Mailing Address 150 S. MAIN ST. 150 S. MAIN ST. He was die in in die gegen geg PO BOX 1466 PO BOX 1466 LABELLE FL 33935 LABELLE FL 33935 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2219706 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HIGGINBOTHAM, ANDREW-J Street Address (P.O. Box Number is Not Acceptable) 150 S. MAIN ST. #1 LABELLE FL 33935 City 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 Agent signature required when reinstating) DATE (-FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees ю. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition HIGGINBOTHAM, ANDREW J NAME NAME STREET ADDRESS 150 S. MAIN ST. STREET ADDRESS CITY-ST-ZIP LABELLE FL 33935 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME \_ . NAME-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 6D7, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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STREET ADDRESS

TITLE

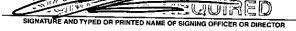
NAME

SIGNATURE: \_

CITY-ST-ZIP

STREET ADDRESS

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Delete

13 863.675.3903

Addition

FILED