

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90778 033 ***150.00

1. Entity Name
HIGGINBOTHAM & COMPANY, P.A.



LABELLE FL 33935

LABELLE FL 33935

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

| |
|----------------|
| 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

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

LABELLE FL 33935

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 Agent 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

| | |
|-----|---|
| 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
|-----|---|

| | | |
|-----------------|------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | HIGGINBOTHAM, ANDREW J | |
| STREET ADDRESS | 150 S. MAIN ST. | |
| CITY - ST - ZIP | LABELLE FL 33935 | |

| TITLE | <input type="checkbox"/> Delete |
|-----------------|---------------------------------|
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| TITLE | |
|-----------------|---------------------------------|
| NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | | |
|-----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | | | |
|-------|--|---|-----------------------------------|
| 11. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |

| NAME | STREET ADDRESS | CITY - ST - ZIP |
|------|----------------|-----------------|
| | | |

| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-----------------|--|---------------------------------|-----------------------------------|
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |

| TITLE | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|--|--|---------------------------------|-----------------------------------|
| NAME | | | | |
| STREET ADDRESS | | | | |
| CITY-ST- ZIP | | | | |

| | | | |
|-----------------|--|---------------------------------|-----------------------------------|
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |

| | | | |
|-----------------|--|--|---|
| TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |

| TITLE | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|--|--|---------------------------------|-----------------------------------|
| NAME | | | | |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/13

863.675.3903

Date _____ Daytime Phone # _____

CR2E034 (10/02)