

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90157 045 ***150.00

DOCUMENT # F99000006252

Entity Name

HIGHWOODS SERVICES, INC.

Principal Place of Business

**3100 SMOKETREE COURT, SUITE 600
 RALEIGH NC 27604**

Mailing Address

**3100 SMOKETREE COURT, SUITE 600
 RALEIGH NC 27604**

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

56-1871660

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH 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

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

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

OFFICERS AND DIRECTORS

FILE NAME STREET ADDRESS CITY-ST-ZIP	PCEO GIBSON, RONALD P 3100 SMOKETREE COURT, SUITE 600 RALEIGH NC 27604	<input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP	VSD FRITSCH, EDWARD J 3100 SMOKETREE COURT, SUITE 600 RALEIGH NC 27604	<input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP	VAS PRIDGEN, MACK D III 3100 SMOKETREE COURT, SUITE 600 RALEIGH NC 27604	<input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP	V BRADY, BARRETT 3100 SMOKETREE COURT, SUITE 600 RALEIGH NC 27604	<input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP	T LIUZZO, CARMAN J 3100 SMOKETREE COURT, SUITE 600 RALEIGH NC 27604	<input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

Date

Daytime Phone #

[Signature] **VICE PRESIDENT** 1/14/02 919-872-4924

CP2E034 (9/01)