## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Mar 01, 2001 8:00 am Secretary of State **DOCUMENT # H12031** 1. Entity Name FOLAND & HIGBEE, INC. 03-01-2001 90014 039 \*\*\*150.00 Principal Place of Business Mailing Address C/O JAY HIGBEE C/O JAY H IGBEE 133 E BAY ST 133 E BAY ST BUUDAUJUA JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2430225 Not Applicable Zip Country 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 HIGBEE, JAY Street Address (P.O. Box Number is Not Acceptable) 133 E BAY ST JACKSONVILLE FL 32202 Zip Code 541 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relastating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) ☐ Delete ☐ Change Addition TITLE TITLE HIGBEE, JOHN H. III NAME NAME 1845 LARGO RD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Chance Addition TITLE ☐ Delete TITLE HIGBEE, CLIFTON G. NAME NAME 1604 ARCADIA DR. #320 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-SI-ZIP C:TY-ST-ZIP STCO Addition ☐ Delete TITLE Change THIE HIGBEE, JAY NAME NAME 1155 EUTAW PLACE STREET ADDRESS STREET ADORESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete MAME NAME STREET ADDRESS STREE: ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZiF ☐ Addit on Change 10108 Delete TITLE NAME NAMS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - S1 - Z3P dualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director his regular tas required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Biock 12 if 13. I hereby certify that the information supplied indicated on this report or supplemental d with th does not of the corporation or the receiver or tr changed, or on an attachment with

D NAME OF SIGNING OFFICER OR DIRECT

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