^2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H64642

1. Entity Name HIGGINS E	NGINEERING, INC.							
Principal Place of	Business	Maiiing Address						
4623 FOREST HILL BOULEVARD SUITE 113 WEST PALM BEACH FL 33415		4623 FOREST HILL BOULEVARD SUITE 113 WEST PALM BEACH FL 33415						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State						
Zip	Country	Zip	Country					
(6. Name and Address of Co	urrent Registered Agent						

FILED Apr 30, 2001 8:00 am Secretary of State 04-30-2001 90454 017 ***150.00

WEST PALM BEACH FL 33415		WEST PALM BEACH FL 33415										
2. Principal Place of Business		3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_		DO NOT WRI	TE IN THIS	SPACE				
City & State			City & State		4. F	El Number	59-254658	35		plied For t Applicable	ĺ	
Zip		Country	Zip	Country		5. C	ertificate of	Status Desired		\$8.75 Add	itional	
	6. Name	and Address of Current F	legistered Agent	ed Agent		7. N	7. Name and Address of New Registered Agent					
		-		T P	Vame					<u></u>		
HIGGINS, ROBERT W. 4623 FOREST HILL BOULEVARD SUITE 113 WEST PALM BEACH FL 33415		\$	Street Address (P.O. Box Number is Not Acceptable)									
				Dito					7:- 0-1			
				,	City					Zip Code	9	
SIGNATURE _		y submits this statement for or printed name of registered agent a	the purpose of changing its		office or regist			in the State of F	lorida.			
9. 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, 2001 Fee will be \$550.00 Make Check Payable to Department of St				ion Campaign F Fund Contributi	•	\$5.0 Added	0 May Be I to Fees			
11.		OFFICERS AND [DIRECTORS	12.		ADI	DITIONS/C	HANGES TO OF	FICERS AN	D DIRECTORS	3 IN 11	1
TITLE NAME STREET ADDRESS CITY-SY-ZIP	4623 FO	i, robert W. Rest Hill Boulevard Alm Beach Fl 33415	□ Delete 9, #113	TITLE NAME STREET A CITY-ST	- 1					□ Change	Addition	E034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET /						Change	☐ Addition	CBS
NAME STREET ADORESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET/						☐ Change	Addition.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET / CITY-ST						Change	☐ Acdit₁on	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET A	ADDRESS - ZIP					☐ Change	Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET, CITY-ST	ADDRESS - ZIP					Change	Addition	

13. 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.