

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J49515**

1. Entity Name

HIGGINS SECURITY, INC.FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 17 AM 9:07

Principal Place of Business

P. O. BOX 672
111 HIBISCUS DR.
KEY LARGO FL 33037

Mailing Address

P. O. BOX 672
111 HIBISCUS DR.
KEY LARGO FL 33037

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0049414**

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

HIGGINS, NORMAN**P. O. BOX 672****KEY LARGO FL 33037****111 Hibiscus Dr**

Name

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

City

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
P
HIGGINS, NORMAN
111 HIBISCUS DR.
KEY LARGO FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norman Higgins President

Date

Daytime Phone #

CR2E034 (10/00)

to whom it may concern.

10/12/01

I, Norman Higgins mailed my UBR report on April 26, 2001 - Along with my \$150.00 check. You had deposited my check. And I received it along with my other checks in June 2001. You also sent me another UBR report to fill out and mail back within 30 days. Due to the fact I did not put my physical address on it. I had mailed it back to you. Approximately 30 days later I call you up and asked if you received it. The girl on the other end of the phone said that if I didn't hear from you everything would be alright. On Oct 4th I started banking with a new bank. When they called to check up on my Incorporation. The lady said it was dissolved in Sept, 2001. Evidently the second UBR I mailed to you