

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # K51441**1. Entity Name
HIGHLAND DEVELOPMENT GROUP INC.**Principal Place of Business**16 VIA DE LUNA DR.
16 VIA DE LUNA DR.
PENSACOLA
32561

FL

US

Mailing AddressP O BOX 1308
16 VIA DE LUNA DR.
CHATSWORTH
30705

US

GA

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**59-2922129**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**PANYKO JOHN A**
30 S SPRING ST**PENSACOLA FL**
32501 US**7. Name and Address of New Registered Agent**

Name

COILE ISABELL NStreet Address (P.O. Box Number is Not Acceptable)
16 VIA DE LUNA DR.City
PENSACOLA**FL**Zip Code
32562

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 **ISABELL N. COILE****04/30/2001**

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

(NOTE: 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!!! FEE IS \$150.00****After MAY 1, 2001 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**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **D** ☐ Delete
NAME **CLARK, DAVID T**
STREET ADDRESS **16 VIA DE LUNA**
CITY-ST-ZIP **PENSACOLA BEACH FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☐ Delete
NAME **BAILEY TIM**
STREET ADDRESS **2743 HWY 76 G I MADDOX PKWY**
CITY-ST-ZIP **CHATSWORTH GA 30705**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VPD** ☐ Delete
NAME **MAMANE JACK**
STREET ADDRESS **2743 HWY 76 G I MADDOX PKWY**
CITY-ST-ZIP **CHATSWORTH GA 30705**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VPD** ☐ Delete
NAME **CLARK DAVID T.**
STREET ADDRESS **16 VIA DE LUNA DRIVE**
CITY-ST-ZIP **PENSACOLA BEACH FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **TIM BAILEY****SD****04/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)