

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90200 025 ****50.00

DOCUMENT # L01000019375

1. Entity Name

HIGHLAND ENTERPRISES, LLC



Principal Place of Business

**20 S. BROAD STREET
 BROOKSVILLE FL 34601**

Mailing Address

**20 S. BROAD STREET
 BROOKSVILLE FL 34601**

2. Principal Place of Business

615 Cross STREET

Suite, Apt. #, etc.

UNIT 1114

City & State

Punta Gorda FL

Zip

33950

Country

USA

3. Mailing Address

615 Cross STREET

Suite, Apt. #, etc.

UNIT # 1114

City & State

Punta Gorda FL

Zip

33950

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3255390

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FLORIDA & OFFSHORE BUSINESS FORMATION INC.
 20 S. BROAD STREET
 BROOKSVILLE FL 34601**

7. Name and Address of New Registered Agent

Michelle Hanson

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

615 Cross STREET

UNIT #1114

Punta Gorda

FL

Zip Code

33950

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 *Michelle Hanson*

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

(NOTE: Registered Agent signature required when reinstating)

5/1/02

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **HANSON, MICHELE**
 STREET ADDRESS **20 S. BROAD STREET**
 CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE **MGRM** ☐ Delete
 NAME **HANSON, GARY**
 STREET ADDRESS **20 S. BROAD STREET**
 CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **615 Cross STREET UNIT #1114**
 CITY-ST-ZIP **Punta Gorda FL 33950**

TITLE ☒ Change ☐ Addition
 NAME **HANSON, Cory**
 STREET ADDRESS **615 Cross STREET Unit 1114**
 CITY-ST-ZIP **Punta Gorda FL 33950**

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE *Michelle Hanson* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/1/02

Date

Daytime Phone #

CR2E083 (9/01)