## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## **DOCUMENT #**

L22633

1. Entity Name

JAMES M. HIGGINS & ASSOCIATES, INC.



**FILED** Feb 06, 2003 8:00 am Secretary of State

02-06-2003 90070 029 \*\*\*150.00

Principal Place of Business C/O JAMES M. HIGGINS 1960 FORREST ROAD ORLANDO FL 32789 US			Mailing Addre C/O JAMES 1960 FORRES WINTER PARI	m. Higgins St road				
2. Principal Place of Business			3. Mailing Add	dress	•	T SAMBERNIA NEM SINDIN SINDIN PINON SILONO ISSI NINDIS NES	ARI BABAH MIMALI BEDAH MIMIK IMBA	
Suite, Apt. #, etc.			Suite, Apt. #	t, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State			City & State		-	4. FEI Number 59-3011522	Applied For Not Applicable	
Zip		Country	Zip		Country		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent						7: Name and Address of New Registered Agent		
					Name			
HIGGINS, JAMES M.					Street Address (P.O. Box Number is Not Acceptable)			
1960 FORREST ROAD					Color Address (1.0. Box Number to 1807)			
WINTER PARK, FL 32789								
					City FL Zip Code			
the obligat	named entity ions of regist	v submits this statemer ered agent.	nt for the purpose of c	hanging its reg	sistered office or regis	tered agent, or both, in the State of Florida. I am fa	amiliar with, and accept	
SIGNATURE .	Signature, typed	or printed name of registered a	gent and title if applicable.	(NOTE: Re	gistered Agent signature requi	ired when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00						9. Election Campaign Financing	\$5.00 May Be	
							Added to Fees	
10.	OFFICERS AND DIRECTORS 1				11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE	D			Delete	TITLE		☐ Change ☐ Addition	
NAME	HIGGINS,				NAME			
STREET ADDRESS CITY-ST-ZIP	WINTER P	REST ROAD			STREET ADDRESS			
	WINIER	MRIN FL			CITY-ST-ZIP			
TITLE NAME			Ц	Delete	TITLE NAME		Change Addition	
STREET ADDRESS					STREET ADDRESS			
CITY-ST-ZIP					CITY-ST-ZIP			
TITLE		i ran	🗆	Delete	TITLE	· •	☐ Change ☐ Addition	

CITY-\$T-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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