FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am 3 M21532 Secretary of State DOCUMENT # 1. Entity Name 02-21-2002 90082 002 ***150.00 HIGHLAND BUILDERS, INC. Principal Place of Business Mailing Address 3453 INLET COURT 3453 INLET COURT JUPITER FL 33469 JUPITER FL 33469 My, Day My . I. 3. Mailing Address 2. Principal Place of Business 12 BLUEBERBY POND DELUE BUEBELEY POND DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. uite, Apt. #, etc. BRWSTER, MASS seewstee. Applied For 4. FEI Number 59-2614744 Not Applicable Country USA \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PERRY, ROBIN H. Street Address (P.O. Box Number is Not Acceptable) 3453 INLET CT JUPITER FL 33469 Zip Code City Fl 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ■ Addition **Delete** ☐ Change TITLE TITLE NAME HATTAWAY, WILLIAM NAME STREET ADDRESS STREET ADDRESS 665 SW BACKERT AVE CITY-ST-ZIP CITY-ST-ZIP PT ST LUCIE FL 34985 ☐ Change ☐ Addition TITLE STV ☐ Delete TITLE NAME NAME PERRY, ROBIN H STREET ADDRESS STREET ADDRESS 3453 INLET CT JUPITER FL 33469 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME RUSSELL, JR. J STREET ADDRESS STREET ADORESS 3453 INLET COURT CITY-ST-ZIP CITY-ST-ZIE JUPITER FL 33469 ☐ Change ☐ Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

RINTED NAME OF SIGNING OFF