

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90109 007 ****61.25

DOCUMENT # N95000002010

1. Entity Name

HIGHSTEPPERS, INC.

Principal Place of Business

**1295 BEVERLY ST
 FT WALTON BEACH FL 32547
 US**

Mailing Address

**1295 BEVERLY ST
 FT WALTON BEACH FL 32547
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3316864

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PETTY, JAMES A
 397 CANTERBURY CIRCLE
 FORT WALTON BEACH FL 32548**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **HEAVENER, UNA**
 CITY-ST-ZIP **312 GARDNER DRIVE
 FORT WALTON BEACH FL 32548**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **REBECCA BLACKMON**
 CITY-ST-ZIP **413 SHERRY CIRCLE
 FT. WALTON BEACH FL**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **JAMES PETTY**
 CITY-ST-ZIP **397 CANTERBURY CIR
 FT. WALTON BEACH FL**

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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **WADE, DIANA**
 CITY-ST-ZIP **285 PAYNE STREET UNIT 15-A
 DESTIN FL 32540**

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **LAFAYE, BARBARA**
 CITY-ST-ZIP **15 CALHOUN
 DESTIN FL 32540**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **15 Calhoun Ave.**
 CITY-ST-ZIP **32541**

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **KURZ, ANITA**
 CITY-ST-ZIP **821 WEEDEN ISLAND DRIVE
 NICEVILLE FL 32578**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-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 617, 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.

SIGNATURE: *Barbara A. Lafaye* **02/16/02 (850) 837-2524**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)