

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90189 013 *****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**

30010287



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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

TITLE **T** ☐ Delete
NAME **LAFAYE, BARBARA**
STREET ADDRESS **15 CALHOUN AVE**
CITY-ST-ZIP **DESTIN FL 32541**

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

TITLE **PD** ☐ Delete
NAME **KURZ, ANITA**
STREET ADDRESS **821 WEEDEN ISLAND DRIVE**
CITY-ST-ZIP **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* **SIGNATURE REQUIRED** *Barbara A. Lafaye* 01/24/03 (850) 837-2524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)