

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2001 08:00 AM**
Secretary of State**DOCUMENT # N97000005861****1. Entity Name**
HIGHWAY WATCH, INC.**Principal Place of Business**
2350 19TH ST.
SARASOTA FL 34234
Mailing Address
P.O. BOX 1497
SARASOTA FL 34230**2. Principal Place of Business**
Suite, Apt. #, etc.
3. Mailing Address
Suite, Apt. #, etc.**City & State**
City & State
Zip **Country** **Zip** **Country**
4. FEI Number
59-3480939
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DION JAMES C
2350 19TH ST.
SARASOTA FL 34234
7. Name and Address of New Registered Agent
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** **04/24/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25
9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.
Make Check Payable to Department of State**10. OFFICERS AND DIRECTORS**
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	Change	Addition
NAME	HECKER LINDA	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	1221 N PALM AVE		
CITY-ST-ZIP	SARASOTA FL 34236		
TITLE	PD	<input type="checkbox"/>	<input type="checkbox"/>
NAME	FAUCHER CHARLEE		
STREET ADDRESS	3884 AFTON CIR		
CITY-ST-ZIP	SARASOTA FL 34231		
TITLE	ED	<input type="checkbox"/>	<input type="checkbox"/>
NAME	DION JAMES C		
STREET ADDRESS	2350 19TH ST		
CITY-ST-ZIP	SARASOTA FL 34234		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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)(f), 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:** James C. Dion ed **04/24/2001**

CR2E037 (11/00)