

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90242 014 ***150.00

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1. Entity Name
HIGHLANDS FUMIGATION, INC.



Principal Place of Business
~~67 HARRISON ROAD~~ **35 B & B RD.**
LAKE PLACID FL 33852

Mailing Address
~~67 HARRISON ROAD~~ **P.O. Box 539**
LAKE PLACID FL 33852



2. Principal Place of Business

35 B & B RD.

3. Mailing Address

P.O. Box 539

Suite, Apt. #, etc.

LAKE PLACID

Suite, Apt. #, etc.

LAKE PLACID

City & State

FL

City & State

FL

4. FEI Number **59-3702323**

Applied For

Not Applicable

Zip

33852

Country

USA

Zip

33852

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

NIELANDER, WILLIAM J
116 E INTERLAKE BLVD
LAKE PLACID FL 33852

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

SIGNATURE **WILLIAM J NIELANDER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLINARD, THOMAS P JR 67 HARRISON ROAD LAKE PLACID FL 33852	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, RICHARD P PO BOX 539 LAKE PLACID FL 33862	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03

Date

813-441-9390

Daytime Phone #

CR2E034 (10/02)