

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000108325

1. Entity Name
HIGHLAND SPRAY SERVICE, INC.

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90144 010 ***150.00

Principal Place of Business

2350 EF GRIFFIN RD.
BARTOW FL 33830

Mailing Address

1210 MERLYN STREET
LAKELAND FL 33813

B0085391



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 275

Suite, Apt. #, etc.

City & State

Highland City, FL

Zip

Country

FL

4. FEI Number

31-1809622

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1000 WEST AVENUE, SUITE 1114
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name: RONALD LARRY JOHNSON
Street Address (P.O. Box Number is Not Acceptable): 1210 Merlyn Street
City: LAKELAND FL Zip Code: 33813-3729

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: *Ronald Larry Johnson*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: 04/19/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, RONALD LARRY	
STREET ADDRESS	2350 EF GRIFFIN RD.	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lewis J. Hurst	
STREET ADDRESS	115 Moses Street	
CITY-ST-ZIP	Mulberry, FL 33860	
TITLE	President/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ileain Johnson	
STREET ADDRESS	1210 Merlyn Street	
CITY-ST-ZIP	LAKELAND, FL 33813-3729	
TITLE	Secretary/Treasurer/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ileain Johnson	
STREET ADDRESS	1210 Merlyn Street	
CITY-ST-ZIP	LAKELAND, FL 33813-3729	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ileain Johnson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 04/19/02

DAYTIME PHONE #: 863-646-5330