

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0043471 AV

DOCUMENT # P02000023873

1. Entity Name
HIGHLY FAVORED, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 25 AM 9:08

Principal Place of Business
~~1606 SEQUOIA DR.~~
TALLAHASSEE FL ~~32301~~

Mailing Address
~~1606 SEQUOIA DR.~~
TALLAHASSEE FL ~~32301~~



2. Principal Place of Business

3. Mailing Address

2324 South Hampton Dr
Suite, Apt. #, etc.

2324 South Hampton Dr
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

03-0435304

Applied For

Not Applicable

Zip

32311

Country

USA

Zip

32311

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANAUSA, DANIEL E
3520 THOMASVILLE RD., 4TH FL
TALLAHASSEE FL 32309

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

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 D ☐ Delete
NAME HALL, ANGELA JACKSON
STREET ADDRESS 2324 S. HAMPTON DR.
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE D ☐ Delete
NAME HILL, ANNIE R
STREET ADDRESS 1606 SEQUOIA DR.
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/23/03 850-481-7777 Ext 2308

CR2E034 (10/02)