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May 07, 2003 8:00 am
Secretary of State
04-03-2003 90192 023 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000030654

1. Entity Name
HIGHLANDS MULTIPLE LISTING SERVICE, INC.

55038517

Principal Place of Business	Mailing Address
815 US 27 SOUTH SEBRING FL 33870	815 US 27 SOUTH SEBRING FL 33870

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARINE, DEBRA A 815 US 27 SOUTH SEBRING FL 33870	Name ARIANNA JORDAN BURKE Street Address (P.O. Box Number is Not Acceptable) 815 US 27 South City SEBRING FL Zip Code 33870

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 Arianna Jordan Burke 3-31-03
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
P	CARTER, RONNIE T. 1843 US 27 N SEBRING, FL. 33870			
PE	CARTER, PERRY W. 1843 US 27 N SEBRING, FL. 33870			
V	BOCK, TERESA 2617 US 27 S SEBRING, FL 33870			
S	SOWARDS, ERIN 809 US 27 S SEBRING, FL 33870			
T	WOOD, JAMES W, JR. 1000-A W. MAIN ST. AVON PARK, FL. 33825			
AE	BURKE, ARIANNA J 815 US 27 S SEBRING, FL. 33870			

CR2E034 (10/02)

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: Arianna Jordan Burke 3-31-03 863-385-6014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #