

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90190 005 ***150.00

DOCUMENT # P02000053114

1. Entity Name
HIGH WATER CONSULTING, INC.



Principal Place of Business
**3101 MULBERRY PARK BOULEVARD
TALLAHASSEE FL 32311**

Mailing Address
**3101 MULBERRY PARK BOULEVARD
TALLAHASSEE FL 32311**

2. Principal Place of Business
PO Box 10955
Suite, Apt. #, etc.

3. Mailing Address
PO Box 10955
Suite, Apt. #, etc.

City & State
Tallahassee FL
Zip
32302 Country
US

City & State
Tallahassee FL
Zip
32302 Country
US

4. FEI Number
06-1656330

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

~~LEVINE, CURT~~
~~3101 MULBERRY PARK BOULEVARD~~
~~TALLAHASSEE FL 32311~~

7. Name and Address of New Registered Agent

Name
rick EGGERS
Street Address (P.O. Box Number is Not Acceptable)
2208 Eastgate way
City
Tallahassee FL Zip Code
32308

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 DATE _____
(Signature, typed or printed name of registered agent, and title if applicable) (NOT: Registered Agent signature required when reinstating)

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	DP LEVINE, CURT 3101 MULBERRY PARK BOULEVARD TALLAHASSEE FL 32311	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LEVINE, CURT 3101 MULBERRY PARK BOULEVARD TALLAHASSEE FL 32311	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP rick EGGERS 2208 Eastgate way Tallahassee, FL 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-03

Date

294-0616

Daytime Phone #

CR2E034 (10/02)