

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000075892

1. Entity Name
HIGGINS PARKING INC.



Principal Place of Business
450 SOUTH COUNTRY CLUB DRIVE
ATLANTIS FL 33462

Mailing Address
450 SOUTH COUNTRY CLUB DRIVE
ATLANTIS FL 33462

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name: Patrick Higgins
Street Address (P.O. Box Number is Not Acceptable): 450 South Country Club Dr.
City: Atlanta FL Zip Code: 33462

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]

(NOTE: Registered Agent signature required when reinstating)

DATE: 10/29/03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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: P
NAME: PSTD HIGGINS, TIMOTHY D
STREET ADDRESS: 450 SOUTH COUNTRY CLUB DRIVE
CITY-ST-ZIP: ATLANTIS FL 33462

TITLE: VP
NAME: Patrick Higgins
STREET ADDRESS: 450 South Country Club Drive
CITY-ST-ZIP: Atlanta FL 33462

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: 000024490150
CITY-ST-ZIP: 11/06/03--01060--008 **758.75

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

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] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Timothy D Higgins President
Date: 10-29-03
Daytime Phone #: 561-548-0117

FILED

03 NOV -6 PM 4:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

4. FEI Number: 52-2366232
Applied For: ☐ Not Applicable: ☐

5. Certificate of Status Desired: ☒ \$8.75 Additional Fee Required

0086070 AV

CR2E034 (4/03)