

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90131 035 \*\*\*150.00

**DOCUMENT # P94000044058**

1. Entity Name

**HIGHLANDER TECHNOLOGIES, INC.**

Principal Place of Business

**4342 S HOPKINS AVE  
TITUSVILLE FL 32780  
US**

Mailing Address

**PO BOX 2230  
TITUSVILLE FL 32781-1271**

2. Principal Place of Business

3. Mailing Address

~~**436 WENTHROP CIRCLE**~~~~**P.O. Box 560540**~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**ROCKLEDGE**

City &amp; State

**ROCKLEDGE, FL**

Zip

**FL**

Country

**32955**

Zip

**32956**

Country

**US**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3252951**

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

**RICHARDSON, BRIAN K  
436 WENTHROP CIRCLE  
ROCKLEDGE FL 32955**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PTS</b>	<input type="checkbox"/> Delete
NAME	<b>RICHARDSON, BRIAN K</b>	
STREET ADDRESS	<b>5500 RIVER OAKS DRIVE</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL 32780</b>	
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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PTS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHARDSON, BRIAN K</b>	
STREET ADDRESS	<b>436 WENTHROP CIRCLE</b>	
CITY-ST-ZIP	<b>ROCKLEDGE, FL 32955</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**BRIAN K RICHARDSON****4/26/01****321-637-1126**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/00)