

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 01, 2001 8:00 am**  
**Secretary of State**

06-01-2001 90002 008 \*\*\*150.00

**DOCUMENT # P95000027815**

1. Entity Name  
**HIGHSMITH & WRENN, INC.**

Principal Place of Business <b>1708 HENDRICKS AVE          JACKSONVILLE FL 32207</b>	Mailing Address <b>1708 HENDRICKS AVE          JACKSONVILLE FL 32207</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**HIGHSMITH, PATRICIA J  
 4127 TOBIN DR  
 JACKSONVILLE FL 32257**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: <b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NONE - Registered Agent's signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HIGHSMITH, PATRICIA J</b>	
STREET ADDRESS	<b>4127 TOBIN DR</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL 32257</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WRENN, JULIE L</b>	
STREET ADDRESS	<b>4127 TOBIN DR</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL 32257</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
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '01

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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: *Julie L Wrenn* Date: 5/28/01 Daytime Phone #: 904-398-3431  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)