FILED
May 28, 2002 8:00 am
Secretary of State
05-01-2002 91525 008 ***150.00

30705

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000106064

1. Entity Name: Highlands Timber Company, Inc.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
2425 NE 18th Place	P.O. Box 868
Suite, Apt. #, etc.: Suite 103	Suite, Apt. #, etc.
City & State: Ocala, FL	City & State: Silver Spgs, FL
Zip: 34470 Country: US	Zip: 34489 Country: US

4. FEI Number: 59-3483033 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**

Name: John Brasington

Street Address (P.O. Box Number is Not Acceptable): 3149 SE 8th Street

City: Ocala FL Zip Code: 34471

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: John A Brasington 5/20/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President
NAME	John A. Brasington
STREET ADDRESS	3149 SE 8th St.
CITY-ST-ZIP	Ocala, Fl. 34471
TITLE	Vice President.
NAME	Charles A. Brasington
STREET ADDRESS	6348 NE 53rd St.
CITY-ST-ZIP	Silver Spgs, Fl. 34488
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: John A Brasington 4/19/02 352-620-0676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

John A. Brasington