2001 UNIFORM BUSINESS REPORT (UBR)

Mar 08, 2001 8:00 am DOCUMENT # P99000022024 **Secretary of State** 1. Entity Name HIGDON BUILDERS INC. 03-08-2001 90069 011 ***150.00 Principal Place of Business Mailing Address 3295-8 RAULERSON RD. 3295-B RAULERSON RD. ST. AUGUSTINE FL 32092 ST. AUGUSTINE FL 32092 140051 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3559584 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HIGDON, JENNIFER B Street Address (P.O. Box Number is Not Acceptable) 3295-B RAULERSON RD. ST. AUGUSTINE FL 32092 City 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) ☐ Delete TITLE Change Addition TITLE HIGDON, JENNIFER B NAME NAME STREET ADDRESS STREET ADDRESS 3295-B RAULERSON RD. CITY-ST-ZIP CITY-ST-7IP ST. AUGUSTINE FL 32092 ☐ Change TITLE Defete TITLE ☐ Addition HIGDON, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 3295-B RAULERSON RD. CITY-ST-7IP CITY-ST-7IP ST. AUGUSTINE FL 32092 Addition = TITLE Delete TITLE Secretary ☐ Change DAVID Higdon IT Rd 3295-B RAWLERSON Rd NAME NAME STREET ADDRESS STREET ADDRESS st. Augustine, FL. 32092 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE CASUFEF Change [Addition tiadou NAME NAME RAWTERSON Rd STREET ADDRESS STREET ADDRESS スペニテル FL 32092 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: SIGNATURE: Junior With an address, with all other like empowered.

SIGNATURE: Junior Hood J

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