

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S02471

1. Entity Name

PATRICIA J. HIGGINS, P.A.

FILED

Feb 01, 2000 8:00 am  
Secretary of State

02-01-2000 90116 048 \*\*\*150.00

Principal Place of Business

14900 GULF BLVD  
UNIT 507  
MADEIRA BEACH FL 33708  
US

Mailing Address

14900 GULF BLVD  
UNIT 507  
MADEIRA BEACH FL 33708-2049  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3030773

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

HIGGINS, PATRICIA J.  
900 GULF BOULEVARD  
UNIT 402  
INDIAN ROCKS BEACH FL 34635

Name

Street Address (P.O. Box Number is Not Acceptable)  
14900 Gulf Blvd.

Unit 507

City  
Madeira Beach

FL

Zip Code

33708

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

1-28-2000

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, 2000 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HIGGINS, PATRICIA J.  
14900 GULF BLVD, #507  
MADEIRA BEACH FL ☐ Delete

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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 supplement(s) 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-2000