2001 UNIFORM BUSINESS REPORT (UBR)

1 of 2

DOCUMENT # V24408

1. Entity Name

ALLAN HIGGINS INC.

FILED

01 NOV -7 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000004685940--1
-11/16/01--01084--019
******8.75 ******8.75

Principal Place of Business	Mailing Address
9265 LAKE HICKORY NUT DR. WINTER GARDEN, FL. 34787	P.O. BOX 1714 WINDERMERE, FL 34786

2001 UBR

DO NOT WRITE IN THIS SPACE

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 593112542 ☐ 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
ALLAN HIGGINS P.O. BOX 1714 WINDERMERE, FL 34786	9265 Lake Hickory Nut DR. Winter Garden, FL 34787	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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE P NAME ALLAN HIGGINS STREET ADDRESS 9265 LAKE HICKORY NUT DR. CITY-ST-ZIP WINTER GARDEN, FL 34787	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE VP NAME ALLAN HIGGINS STREET ADDRESS 9265 LAKE HICKORY NUT. DR. CITY-ST-ZIP WINTER GARDEN, FL 34787	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE S NAME Frances Annie Cauley STREET ADDRESS 9265 LK. HICKORY NUT. DR. CITY-ST-ZIP WINTER GARDEN, FL 34787	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
		000004685940--1 -11/16/01--01084--018 ****150.00 ****150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Allan B. Higgins

11-6-01

Sorry,

I just found out that my corp. status has expired. I never recieved the paper work to send in in May. If I had then I would have sent it in. So plesse consider waiving the late fee and excepting this payment.

Allan O. Higgins