

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90133 010 \*\*\*\*50.00

**DOCUMENT # L01000018233**

1. Entity Name

**HENRICKS & SCHANK, LLC**

Principal Place of Business

**927 FERN STREET, SUITE 2200**  
**ALTAMONTE SPRINGS FL 32701**

Mailing Address

**927 FERN STREET, SUITE 2200**  
**ALTAMONTE SPRINGS FL 32701**

2. Principal Place of Business

**927 Fern Street**  
 Suite, Apt. #, etc.  
**Suite 2200**

3. Mailing Address

**927 Fern Street**  
 Suite, Apt. #, etc.  
**Suite 2200**

City & State

**Altamonte Springs, FL**

City & State

**Altamonte Springs, FL**

Zip

**32701**

Country

**USA**

Zip

**32701**

Country

**USA**

4. FEI Number

**52-2351113**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WISER, JAY ESQ.**  
**POHL & SHORT, P.A.**  
**280 W. CANTON AVENUE, SUITE 410**  
**WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
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 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☒ Change ☐ Addition  
**Partner / Member**  
**George L. Schank**  
**421 W. Orange Street**  
**Altamonte Springs, FL 32714**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☒ Change ☐ Addition  
**Partner / Member**  
**Lynn L. Henricks**  
**197 Nandina Terrace**  
**Winter Springs, FL 32708**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

*George L. Schank*

**George L. Schank 1/29/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

**(407) 262-9150**

Daytime Phone #