


**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91457 007 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P95000076086**

1. Entity Name  
**HENDRICKS PARTNERS, INC.**



Principal Place of Business  
 1819 HENDRICKS AVENUE  
 JACKSONVILLE, FL 32207

Mailing Address  
 1819 HENDRICKS AVENUE  
 JACKSONVILLE, FL 32207

2. Principal Place of Business  
 1837 Hendricks Ave  
 Suite, Apt. #, etc.

3. Mailing Address  
 1837 Hendricks Ave  
 Suite, Apt. #, etc.

City & State  
 Jacksonville, Florida

City & State  
 Jacksonville Florida

Zip  
 32207

Country  
 USA



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**GUIDI, DENNIS E**  
 1819 HENDRICKS AVENUE  
 JACKSONVILLE, FL 32207

4. FEI Number  
**59-3441551**

Applied For  
 Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **4/28/03**

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

**FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2003 Fee will be \$550.00  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HARRIS, ROBERT M 1819 HENDRICKS AVENUE JACKSONVILLE, FL 32207</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE **4/28/03** Daytime Phone # **904 398-9002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)