

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 126527

1. Entity Name

HENDERSON INSURANCE & RISK MANAGEMENT CONSULTANT

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90217 015 ***150.00

Principal Place of Business

3300 HENDERSON BLVD
SUITE 206
TAMPA FL 33609
US

Mailing Address

3300 HENDERSON BLVD
SUITE 206
TAMPA FL 33609
US

00016036



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4113 INMAN AVE
Suite, Apt. #, etc.
Suite 100

3. Mailing Address

4113 INMAN AVE
Suite, Apt. #, etc.
Suite 100

City & State

TAMPA FLA

City & State

TAMPA FLA

4. FEI Number 59-0499420

Applied For

Not Applicable

Zip

33609

Country

USA

Zip

33609

Country

USA

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

HENDERSON, OTTO L.
4113 INMAN AVE
TAMPA FL 33609

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.

Address Change Only

SIGNATURE *Otto Lee Henderson Jr. Pres.*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/01

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 PTD
NAME HENDERSON, OTTO L., JR.
STREET ADDRESS 4113 INMAN AVE
CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE V
NAME HENDERSON, J.L.
STREET ADDRESS 4113 INMAN AVE
CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE S
NAME HENDERSON, J.C.
STREET ADDRESS 4113 INMAN AVE
CITY-ST-ZIP TAMPA FL ☐ Delete

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

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

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:

Otto L. Henderson Jr. President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/01 (813)2872986
Date Daytime Phone #

CR2E034 (10/00)