## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 442166  1. Entity Name HENDERSON TREE SERVICE, INC.					APPROVEL AND FILED Jul 12, 2001 8:00				
Principal Place of Business 5575 NORTH MONROE STREET TALLAHASSEE FL 32303		Mailing Address 5575 NORTH MONROE STREET TALLAHASSEE FL 32303			Secretary of State				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number 59-2149123 Applied For Not Applicable				
Zip Country		Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New F	Registered Age	ent	
				Name					
HENDERS RT.9 BOX	son, Marion G ( 88	Street Address			(P.O. Box Number is Not Acceptable)				
TALLAHA	SSEE FL 32303								
	•	City			FL Zip Code				
Tax filing r (See criter	Signature, typed or printed name of registered agent a praction is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! After September 12, Make Check Payable	FEE IS 2001 Fe e to Dep 12.	ee will be \$750.0	10. Ek	ection Campaign Fir ust Fund Contributio /CHANGES TO OFF	ICERS AND DI	Added	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS HENDERSON, MARION G 5567 N MONROE ST TALLAHASSEE FL	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	5		4944 /01011	010 ***150	15 0.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENDERSON, FURMAN C 5575 N MONROE ST TALLAHASSEE FL	□ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	5	<b>000003</b> 	AST ON	Change 35-	☐ Addition
TITLE S' NAME STREET ADDRESS CITY-ST-ZIP	V HENDERSON, CURTIS F JR 5575 N MONROE ST TALLAHASSEE FL	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP		****1	56.1662	<b>******</b> 7(	<b>0⊡26</b> tition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	,		j	] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP				] Change	☐ Addition
TITLE NAME Street Address City-St-Zip		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP		٠	_ ,γγ)	Change	Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that my wered to execute this report as	/ signatui	re shall have the s	ame legal effec	ct as if made under	oath; that I am a	an officer o	or director

SIGNATURE: ZUGGATURE SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

"DAPARTMENT OF STATE TALLAHUSSE" FL.

7-10- 2001

I FURMAN & HENDERSON HENDERSONTREE SERVICE INC. DID NOT RECEIVE FIRST NOTICE ON 442/66

J.C. Wenderson