

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 590745

1. Entity Name

HENDERSON FURNITURE COMPANY

Principal Place of Business

5436 CLIFF ST.
P. O. BOX 593
GRACEVILLE FL 32440
US

Mailing Address

5436 CLIFF STR
PO BOX 593
GRACEVILLE FL 32440
US

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

59-1860293

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENDERSON, WALTER T.
5436 CLIFF STR
Y
GRACEVILLE FL 32440

7. Name and Address of New Registered Agent

Name

Henderson, Helen E.

Street Address (P.O. Box Number is Not Acceptable)

5436 CLIFF STREET

GRACEVILLE, FL 32440

City

GRACEVILLE

FL

Zip Code

32440

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.

Helen E. Henderson

President

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE PD
NAME HENDERSON, WALTER T. ☒ Delete
STREET ADDRESS 988 12TH AVE
CITY-ST-ZIP GRACEVILLE FL

TITLE STD
NAME HENDERSON, HELEN E. ☐ Delete
STREET ADDRESS 988 12TH AVE
CITY-ST-ZIP GRACEVILLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition
NAME Henderson, Helen E.
STREET ADDRESS 988 12th. Ave.
CITY-ST-ZIP Graceville, FL 32440

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90072 013 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)