

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90191 020 ***150.00

DOCUMENT # 692106

1. Entity Name
HENSCRATCH INVESTMENTS, INC.



Principal Place of Business
**6813 US 27S
SEBRING FL 33870
US**

Mailing Address
**904 LK JOSEPHINE DR
SEBRING FL 33872
US**



2. Principal Place of Business

3. Mailing Address

P.O. Box 3332

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sebring Florida

Zip

Country

33871 Highlands

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2102459**

Applied For

Not Applicable

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

**BENEVIDEL, LOUIS
1741 US 27S
SEBRING FL 33870**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **PD** ☐ Delete
NAME **PELLA, EDWARD E**
STREET ADDRESS **904 LAKE JOSEPHINE DRIVE**
CITY-ST-ZIP **SEBRING FL**

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

TITLE **VST** ☐ Delete
NAME **PELLA, DENNIS R**
STREET ADDRESS **904 LAKE JOSEPHINE DRIVE**
CITY-ST-ZIP **SEBRING FL**

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

TITLE **D** ☐ Delete
NAME **PELLA, DENNIS R**
STREET ADDRESS **904 LAKE JOSEPHINE DRIVE**
CITY-ST-ZIP **SEBRING FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/03 863-3824554

Date

Daytime Phone #

CR2E034 (10/02)