

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 06, 2000 8:00 am**  
**Secretary of State**

05-06-2000 90092 001 \*\*\*150.00  
05-06-2000 90092 002 \*\*\*\*\*8.75

**DOCUMENT #** F18453  
**Entity Name** H. S. HENDERSON, III, P.A.

**1. Principal Place of Business** 4479 N. US 1  
Melbourne, FL 32935

**Mailing Address** 4479 N. US #1  
Melbourne, FL 32935

**2. Principal Place of Business** 4479 N. US #1  
Suite, Apt. #, etc.

**3. Mailing Address** 4479 N. US #1  
Suite, Apt. #, etc.

**City & State** Melbourne FL

**Zip** 32935 **Country** USA

**4. FEI Number** 59-2086460

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

~~838541~~  
12499

**RENEWAL**  
**CHANGE ADDRESS**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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.**

**SIGNATURE** *H. S. Henderson* **DATE** 4-20-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD HENDERSON, HARDEE III 157 N. COCOA AVENUE INDIAN LANTANA, FL 32937 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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 power like empowered.**

**SIGNATURE:** *H. S. Henderson* **DATE** 4-20-00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)