

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90096 022 ***158.75

DOCUMENT # F99000006412

1. Entity Name

HENDERSON & SONS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 407
 TROY AL 36081

P.O. BOX 407
 TROY AL 36081

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

72-1365293

Applied F

Not Appli

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

WATSON, WILLIAM B III -
527 EAST UNIVERSITY AVE.
GAINESVILLE FL 32601

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

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

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May
 Added to Fee

11. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	HENDERSON, JEREMIAH A	
STREET ADDRESS	901 S. THREE NOTCH STREET	
CITY - ST - ZIP	TROY AL 36079	
TITLE	PS	<input type="checkbox"/> Delete
NAME	PRESCOTT, LEAH	
STREET ADDRESS	901 S. THREE NOTCH STREET	
CITY - ST - ZIP	TROY AL 36079	
TITLE	V	<input type="checkbox"/> Delete
NAME	STROTHER, J. BARRON	
STREET ADDRESS	901 S. THREE NOTCH STREET	
CITY - ST - ZIP	TROY AL 36079	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> A
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> /
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> /
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 changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

Leah Prescott
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/00
 Date

334-566-1
 Daytime Phone #