

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

04-30-2002 90007 044 ***150.00

DOCUMENT # **F990000006412**

1. Entity Name
HENDERSON & SONS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
901 S. THREE NOTCH ST
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 407
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TROY AL

City & State
TROY, AL

4. FEI Number
72-1365293

Applied For
☐ Not Applicable

Zip
36081

Country
U.S.A.

Zip
36081

Country
U.S.A.

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
GT-CORPORATION-SYSTEM

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

-1200 South Pine Island Road

City **Plantation** State **FL** Zip Code **33324**

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 **Dale W. Morris**

DALE W. MORRIS
ASSISTANT VICE PRESIDENT

5/16/02
DATE

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

(NOTE: Registered Agent signature required when reinstalling)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
JEREMIAH A. HENDERSON
20102 ATASCOCITA LAKES DR
HUMBLE, TX 77346**

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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 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Dale W. Morris**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02

(334) 566-1870

Date Daytime Phone #