

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# H36782

**FILED**  
**Nov 06, 2009**  
**Secretary of State**

**Entity Name:** HENDRIK UITERWYK, P.A.

**Current Principal Place of Business:**

900 W. PLATT ST  
TAMPA, FL 33606 US

**New Principal Place of Business:**

**Current Mailing Address:**

900 W. PLATT ST  
TAMPA, FL 33606 US

**New Mailing Address:**

**FEI Number:** 59-2506828      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

UITERWYK, HENDRIK  
900 W. PLATT STREET  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: UITERWYK, HENDRIK  
Address: 162 BARBADOS  
City-St-Zip: TAMPA, FL

Title: VP (X) Delete  
Name: BARNES, STEVE  
Address: 900 W. PLATT ST.  
City-St-Zip: TAMPA, FL 33609

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: UITERWYK, HENDRIK  
Address: 900 W. PLATT STREET  
City-St-Zip: TAMPA, FL 33606

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENDRIK UITERWYK

PRES

11/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date