

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 12, 2001 8:00 am**
Secretary of State

03-12-2001 90474 008 ***150.00

DOCUMENT # J71357

1. Entity Name

HENDERSON PLUMBING, INC.

Principal Place of Business

% JERRY RAY HENDERSON
209 LANG ROAD
FORT WALTON BEACH FL 32547-3120

Mailing Address

% JERRY RAY HENDERSON
209 LANG ROAD
FORT WALTON BEACH FL 32547-3120

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 **59-2803057**

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

HENDERSON, JERRY RAY
712 BAYOU VIEW DRIVE
FT. WALTON BEACH FL 32548Name **Jerry Ray Henderson**

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

200 MARICLE STRIP PKWY S.W. Unit 402
Ft WALTON BEACH FL 32548

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input type="checkbox"/> Delete
NAME	HENDERSON, JERRY RAY	
STREET ADDRESS	712 BAYOU VIEW DRIVE	
CITY-ST-ZIP	FORT WALTON BCH. FL	

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Henderson Jerry Ray	
STREET ADDRESS	200 MARICLE STRIP PKWY SW Unit 402	
CITY-ST-ZIP	Ft WALTON BEACH FL 32548	

TITLE	D	<input type="checkbox"/> Delete
NAME	HENDERSON, JERRY RAY	
STREET ADDRESS	712 BAYOU VIEW DRIVE	
CITY-ST-ZIP	FORT WALTON BCH. FL	

TITLE	3	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Henderson Brenda P.	
STREET ADDRESS	200 MARICLE STRIP PKWY SW Unit 402	
CITY-ST-ZIP	Ft WALTON BEACH FL 32548	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 12 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

Date

Daytime Phone #

CR2E034 (10/00)