FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Principal Place of Business 2/13 SE 27TH TERRACE CAPE CORAL FL. 3891-3059 US 2. Principal Place of Business Suite, Apr. 4, etc. City & State City	DOCUMENT # J91009 1. Entity Name H. W. HENSHAW & ASSOCIATES, INC.							Mar 09, 2001 8:00 am Secretary of State 03-09-2001 90477 022 ***150.00					
Sulfe, Apt. #, etc.	2313 SE, 27TH TERRACE CAPE CORAL FL 33904			P. O. BOX 150639 CAPE CORAL FL 33915-0639									
City & State Country S. Certificatio of Status Enserted S. State Address of Now Registered Apent Nation Nation Nation Street Address (P.O. Box Number is Not Acceptable) City FL Z p Code S. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or born, in first State of Florida. SIGNATURE Signature Engineering	2. Principal P	lace of Busin	ess	3. Mailing Address									
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Name and Address of Current Registered Agent Name Na	Zip	· · · · ·	_Country	Zip	Cour	try		5. Certificate of	Status Desired	□ \$6	8.75 Add	litional	-
HENSHAW, HAROLD W. 2313 SE 27 TERRACE CAPE CORAL FL 33904 8. The above named entity submits this statement for the purpose of chonging its registered office or registered agent, or both, in this State of Florida. 8. The above named entity submits this statement for the purpose of chonging its registered office or registered agent, or both, in this State of Florida. 8. The above named entity submits this statement for the purpose of chonging its registered office or registered agent, or both, in this State of Florida. 9. This corporation is eligible to satisfy its Intangibile in the statement of the purpose of April 1998 to Septiment and elicits to do so. Mark THAN 1, 2001 Fee will be \$55.00. Make Check Peyable to Department of State 11.		6. Name	and Address of Current R	legistered Agent				7. Name and Ad	dress of New Reg				
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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 9. This corporation is oligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NAME Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NAME STREET ADDRESS OITY-ST-2IP 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME 11. SET OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE S ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE S ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE S ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE S ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE S ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE S ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE S ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE S ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE S ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE S ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE S ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE S ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE S ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE S ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE S ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE DELETANDESS CITY-ST-2IP Delete TITLE DELETANDESS CITY-ST-2IP Delete TITLE DELETANDESS CITY-ST-2IP Delete TITLE DELETANDESS CITY-ST-2IP DELETANDESS CITY-ST-2IP DELETANDESS CITY-ST-2IP DELETANDESS CITY-ST-2IP DELETANDESS C						Street Ac	ddress (P.	O. Box Number i	s Not Acceptable)				1
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THE EDECAY GEORY AND THE INFORMATION SUDDIEGRAPHING MICHAEL MICHAEL AND CONTRACTOR OF THE PROPERTY OF THE PROP		ertify that the	e information supplied with t	his filing does not qualify for			ed in Secti	on 119.07(3)(i) I	Florida Statutes 1 fu	rther certify	that the in	formation	}

of the corporation or the receiver of trustee enflowered 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.

Harold W. Henshaw, 3/6/01 (941) 772-9424

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Daytime Phone #