

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL -6 PM 12:10

DOCUMENT # **K81416**

1. Entity Name

Carolyn W. Hensgen, PA R

Principal Place of Business

Mailing Address

**Carolyn W. Hensgen
440 S. Gulfview Blvd. #1706
Clearwater Beach, FL 33767** **Same**

00064572

2. Principal Place of Business

3. Mailing Address

**440 S. Gulfview Blvd. #1706
Clearwater Beach, FL 33767** **440 S. Gulfview Blvd #1706
Clearwater Beach, FL 33767**

DO NOT WRITE IN THIS SPACE

6/19/00 20001 046 \$150.00

4. FEI Number

59-2942295

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**Carolyn W. Hensgen
440 S. Gulfview Blvd #1706
Clearwater Beach, FL 33767**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **HELENA MONTANA** 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 Be Added to Fees

11. OFFICERS AND DIRECTORS

President Delete
Carolyn W. Hensgen
440 S. Gulfview Blvd #1706
Clearwater Beach, FL 33767

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition
 Change Addition
 Change Addition
 Change Addition
 Change Addition
 Change Addition
 Change Addition
 Change Addition

KE

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: **Carolyn W. Hensgen - Carolyn W. Hensgen**

Date **6-8-00**

Daytime Phone # **727-443-7012**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)