2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000006262 1. Entity Name BREESE, CRAFT & HENSLEY, LLC						FILED OI MAY -2 PM 1:44				
Principal Place of Business Mailing Address				<u>-</u>		SECRETARY OF STATE				
990 N. STAT	E ROAD 434, SUITE 1132 SPRINGS FL 32714		990 N. STATE ROAD 434 SUITE 1132 ALTAMONTE SPRINGS FI. 32714			TALLAHASSEE, FLORIDA				
2. Principal F	Place of Business	3. Mailing Address				T TOO HOLD ON BOWN BOWN BOWN BOWN BOWN BOWN BURNE DING THE DAMP THE THREE THRE				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FE	4. FEI Number 3648890 Applied For Not Applicable				
Zip Country		Zip	Country		5. Ce	- \$5.00 Additional				
	6. Name and Address of Curre	ent Registered Agent			7. Na	me and Address of New Register	ed Agent			
004EF	O101 4 10			Name						
CRAFT, JOHN A III 990 N. STATE ROAD 434, SUITE 1132 ALTAMONTE SPRINGS FL 32714				Street Add	Iress (P.O. Box	SECRETARY OF STATE TALL AHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 4. FEI Number 364880 Applied For Not Applicable 5. Certificate of Status Desired See Required 7. Name and Address of New Registered Agent D. Box Number is Not Acceptable) FL Zip Code I agent, or both, in the State of Florida.	s (P.O. Box Number is Not Acceptable)			
ALTAMUI	VIE SPRINGS FL 32/14			City	y FL Zip Code			le		
8. The above	named entity submits this statemen	t for the purpose of changing it	s register	red office or re	gistered agen	t, or both, in the State of Florida.	·			
CICNIATURE	÷					·				
SIGNATURE	Signature, typed or printed name of registered as	ent and title if applicable. (NO	TE Register	ed Agent signature	required when reinst	tating) DA	E			
		Make Check P	1 10 34 5	FEE IS \$50 to Departm				• :		
9.	MANAGING ME	MBERS/MEMBERS	<u> </u>	<u> </u>		ADDITIONS/CHANG	GES .			
TITLE NAME	MGRM CRAFT, JOHN A III	☐ Delete	TITI	LE ME				Addition		
STREET ADDRESS CITY-ST-ZIP	990 N. STATE ROAD 434, SU ALTAMONTE SPRINGS FL 32			Y-ST-ZIP	****					
TITLE NAME STREET ADDRESS		☐ Delete	TITE NAM STR			50000431 -05/24/01-				
CITY-ST-ZIP				Y-ST-ZIP		*****50.0	0 2****	50-00		
TITLE NAME		☐ Delete	TITI				Grange	L Addition 1		
STREET ADDRESS CITY-ST-ZIP				IEET ADDRESS Y-ST-ZIP						
TITLE — —		Delete	TITE NĂÑ				☐ Change	Addition		
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS Y-ST-ZIP		•				
TITLE		☐ Delete	TITL				☐ Change	Addition		
STREET ADDRESS				EET ADDRESS			-			
CITY-ST-ZIP		П выс	- +	Y-ST-ZIP			☐ Channe	Addition		
TITLE NAME		☐ Delete	TITU					C Addition		
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP				Y-ST-ZIP				(
 I hereby of indicated limited lia 	certify that the information supplied of on this report is true and accurate a bility company or the receiver or true	with this filing does not qualify found that my signature shall have stee employered to exert the	or the exe energem spanner a	emption stated le legal effect s required by	d in Section 119 as if made und Chapter 608, F	9.07(3)(i), Florida Statutes. I further der oath; that I am a managing me Florida Statutes.	certify that the i mber or manage	ntormation er of the		