

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90156 033 ***150.00

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DOCUMENT # L59054

1. Entity Name

PETER J. HENN, P.A.



Principal Place of Business
22773 PONDEROSA DRIVE
BOCA RATON FL 33428
US

Mailing Address
22773 PONDEROSA DRIVE
BOCA RATON FL 33428
US

2. Principal Place of Business
22773 S. PONDEROSA DRIVE

3. Mailing Address
22773 S. PONDEROSA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

4. FEI Number **65-0185452**

Applied For

Not Applicable

Zip
33428 Country
U.S.

Zip
33428 Country
U.S.

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

HENN, PETER J.
22773 PONDEROSA DRIVE
BOCA RATON FL 33428

Name
HENN, PETER J.
Street Address (P.O. Box Number is Not Acceptable)
22773 S. PONDEROSA DRIVE

City
BOCA RATON, FL **FL** Zip Code
33428

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable **PETER J. HENN** Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **HENN, PETER J.**
STREET ADDRESS **22773 PONDEROSA DRIVE**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **DP** ☒ Change ☐ Addition
NAME **HENN, PETER J.**
STREET ADDRESS **22773 S. PONDEROSA DRIVE**
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER J. HENN

Date

Daytime Phone #

772-778-0180

CR2E034 (10/02)