

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # L83131**1. Entity Name
DONALD J. HENSLEY, P.A.**Principal Place of Business**C/O DONALD J. HENSLEY
291 EAST JEFFERSON STREET
BROOKSVILLE FL
34601**Mailing Address**C/O DONALD J. HENSLEY
291 EAST JEFFERSON STREET
BROOKSVILLE FL
34601**2. Principal Place of Business**

C/O DONALD J. HENSLEY

3. Mailing Address

C/O DONALD J. HENSLEY

Suite, Apt. #, etc.

291 EAST JEFFERSON STREET

Suite, Apt. #, etc.

291 EAST JEFFERSON STREET

City & State

BROOKSVILLE FL

City & State

BROOKSVILLE FL

Zip
34601Country
USZip
34601Country
US

4. FEI Number

59-3014936

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HENSLEY, DONALD J.

291 EAST JEFFERSON STREET

BROOKSVILLE

34601 US

FL

7. Name and Address of New Registered Agent

Name

HENSLEY DONALD JDR

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

291 EAST JEFFERSON STREET

City
BROOKSVILLE

FL

Zip Code
34601

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 **DR. DONALD J HENSLEY****04/30/2001**

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 State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	HENSLEY, DONALD J.	
STREET ADDRESS	291 EAST JEFFERSON ST.	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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: Donald J. Hensley

D

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)