


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

DOCUMENT # P00000022449	
1. Entity Name THREE GENERATIONS HOLDING CO.	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR -9 PM 3:47

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1840 Southwest 22 Street Suite, Apt. #, etc. PMB 622 City & State Miami, Florida Zip Country		3. Mailing Address 1840 Southwest 22 Street Suite, Apt. #, etc. PMB 622 City & State Miami, Florida Zip Country	
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400016127344
04/17/03--01003--011 **158.75

DO NOT WRITE IN THIS SPACE

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	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Spiegel & Utrera, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 Coral Way, 4th Floor City Miami FL Zip Code 33145		

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 **Spiegel & Utrera, P.A.**

SIGNATURE **By: [Signature]** **Natasha Utrera, Vice President** DATE **4/8/03**

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Henderson, Douglas H. P.O. Box 38 Bumpass, Virginia 23024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Henderson, Richard D. 28929 Canterbury Road Daphne, Alabama 36526	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Henderson, Marian E. 1211 Northwest 86 Circle Vancouver, WA 98665	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** **DOUGLAS H. HENDERSON** 4/5/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 804-788-5089

CR2E034B (12/02)