

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

FILED

03 JUL 21 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

PO0000068911  
BRIAN HENSLEY ELECTRIC INC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2046 Treasure Coast

3. Mailing Address

SAME

Suite, Apt. #, etc.

136

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

City & State

FL

Zip

32960

Country

USA

Zip

Country

**REINSTATEMENT**

02-03

DO NOT WRITE IN THIS SPACE

4. FEI Number

651034597

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

BRIAN HENSLEY

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

970 E 13th SQUARE

City

VERO BEACH

FL

Zip Code

32960

**DO NOT WRITE  
IN THIS SPACE**

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]*

(NOTE: Registered Agent signature required when retesting)

DATE

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.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
BRIAN HENSLEY  
970 E 13th SQUARE  
VERO BEACH, FL 32960

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100021706691  
07/21/03-01064-018 \*\*900.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
Karen Hensley  
4445 60th CT  
VERO BEACH, FL 32967

TITLE  
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STREET ADDRESS  
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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

7/1/02