

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90340 012 ***158.75

DOCUMENT # P01000000127

1. Entity Name
JAMES E. HENSON, P.A.

Principal Place of Business Mailing Address
12432 KIRBY SMITH ROAD **12432 KIRBY SMITH ROAD**
ORLANDO FL 32832 **ORLANDO FL 32832**

2. Principal Place of Business 3. Mailing Address
Law Office of Jim Henson **105 E. Robinson Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 500 **Suite 500**

City & State City & State
Orlando Florida **Orlando Florida**

Zip Country Zip Country
32801 US **32801 US**

4. FEI Number Applied For
59-3690235 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
HENSON, JAMES E
12432 KIRBY SMITH ROAD
ORLANDO FL 32832

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *James E. Henson* **James E. Henson** DATE

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENSON, JAMES E 12432 KIRBY SMITH ROAD ORLANDO FL 32832 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *James E. Henson* **JAMES E. HENSON** **2/21/01** **407/649-2117**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0012583

CR2E034 (10/00)