200 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000038939							FILED			
HENSEY LACAMERA CONTRACTORS, INC.							03 APR -2 PM 12: 28			
Principal Place of Business Mailing Address							SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2810 GOLF CLUB BLVD SARASOTA FL 34240 SARASOTA FL 34240 SARASOTA FL 34240							TALLAHASSEE. FLOF	IIDA	•	
							1 1 30/193 0 OF COLOR (130/180/180/180/180/180/180/180/180/180/18	32 11124 1 3 13 8 1818	1851 0 1 8 11 1 81 1	
Principal Place of Business 3. Mailing Address						\dashv				
Suite, Apt.	#, etc.	· ·	Suite, Apt. #, etc.			_	DO NOT WRITE IN THIS SPACE			
City & Stat	e		City & State	City & State			FEI Number		plied For	
Zip Country			Zip Country		ntry	5.	Certificate of Status Desired	\$8.75 Add		
	6. Name and A	ddress of Current Re	gistered Agent		T		Name and Address of New Registered	Fee Required Agent	d	
					Name					
CLARK, DONALD D					Street Address (P.O. Box Number is Not Acceptable)					
1819 MAIN ST SUITE 500 - SARASOTA FL 34236										
OARAGOTA FE 34230					City		FI	Zip Code	, 	
. The obsure	named ontile subm	ita thia statement for th	nurnoss of shanging its		ad office as socie	torod an		<u> </u>		
8. The above	named enuty subm	iits triis statement for ti	ne purpose of changing its	register	ea onice or regis	stered ag	gent, or both, in the State of Florida.			
SIGNATURE .	Signature typed or prieto	d name of registered agent and	the tacoliophia (NOTE	- Domintoro	d Agent signature requ	ired when r	reinstating) DATE			
O This corns		satisfy its Intangible	FILE NOW!				- DATE			
Tax filing r	requirement and ele	cts to do so.	After May 1, 200	2 Fee	will be \$550.00		10: Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
<u> </u>	ria on back)	OFFICERS AND DI	Make Check Payab		epartment of S		DOITIONS/CHANGES TO OFFICERS AN			
TITLE	PD	OFFICERS AND DI	Delete	12. TITL	<u> </u>	AL	DUTTONS/CHANGES TO OFFICERS AN	☐ Change	Addition	
NAME	HENSEY, THO	MAS V	, La bolide	NAM	- 1		5000157707			
STREET ADDRESS CITY-ST-ZIP	2812 GOLF CL				ET ADDRESS - ST-ZiP		04/14/0301006001	**150.0	0	
TITLE	SARASOTA FL VD	34240		TITL				☐ Change	Addition	
NAME	LACAMERA, DA	WID F	Delete	NAM	,		•			
STREET ADDRESS	2810 GOLF CL	ub blvd			ET ADDRESS		*			
CITY-ST-ZIP	SARASOTA FL	34240		TITL	-ST-ZIP		<u> </u>	☐ Change	☐ Addition	
TITLE NAME	itd Hensey, Laro	MA	☐ Delete	NAM	,			☐ Change	Addition	
STREET ADDRESS	2812 GOLF CL	ub blyd			ET ADDRESS					
CITY-ST-ZIP	SARASOTA FL	34240		┨	-ST-ZIP				- Addition	
TITLE NAME) SD Lacamera, Ho	NI V	☐ Delete	TITLI NAM	- 1			☐ Change	☐ Addition	
STREET ADDRESS	2810 GOLF CL				ET ADDRESS					
CITY-ST-ZIP	SARASOTA FL	34240		CITY	-ST-ZIP					
title Name			Delete	TITL! NAM	ł			☐ Change	Addition	
name Street address					ET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
TITLE			☐ Delete	TITLI				☐ Change	☐ Addition	
NAME				NAM	E ET ADDRESS				1	
STREET ADDRESS CITY-ST-ZIP					-ST-ZIP)	
	Lertify that the inform	nation supplied with th	is filing does not qualify for			Section	119 07(3)(i) Florida Statutes I further or	artify that the in	formation	

Thereby 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 anofficer 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.