

02/03

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000070581

1. Entity Name

David Henry Auto Carriers, Inc



FILED

03 MAR -3 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

800012309218

02/11/03--01026--012 \*\*150.00

011 \$150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
6331 Hyde Park Haven3. Mailing Address  
6331 Hyde Park Haven

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Jacksonville, FLCity & State  
Jacksonville, FL4. FEI Number  
59-3743177Applied For  
Not ApplicableZip  
32210Country  
DuvalZip  
32210Country  
Duval5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee RequiredDO NOT WRITE  
IN THIS SPACE

## 7. Name and Address of Current Registered Agent

Name  
Lois Henry

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

6331 Hyde Park Haven

City  
Jacksonville

FL

Zip Code  
32210

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

Lois H. Henry

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

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	Vice President David Henry 6331 Hyde Park Haven, Jacksonville, FL 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Lois Henry 6331 Hyde Park Haven, Jacksonville, FL 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE  
IN THIS SPACE

JH3/3

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:

Lois H. Henry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

# David Henry Auto Carriers, Inc

6331 Hyde Park Haven  
Jacksonville, FL 32210

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February 27, 2003

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

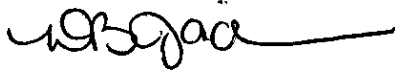
**RE: REINSTATEMENT OF DAVID HENRY AUTO CARRIERS, INC.  
(FEIN: 59-3743177)**

To Whom It May Concern:

The purpose of this letter is to request waiver of the \$600.00 Reinstatement Fee charged by the Department of State. We never received the 2002 Uniform Business Report and would like to request an abatement of the Reinstatement Fee. I am returning the reinstatement form and the Uniform Business Report for 2003. You have already received our payment in the amount of \$300.00.

If you have any questions, please feel free to call me at (904) 388-5700. Thank you for your consideration.

Sincerely,  
DAVID HENRY AUTO CARRIERS, INC.



Deborah B. Jackson  
Bookkeeper

Enclosure