FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000109808

1. Entity Name
R. Bret Henley, INC.

FILED
03 APR 25 AM 10:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA
90052361

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
101 SW 140th Terr	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Newberry Fl.	City & State
Zip: 32669 Country: US	Zip Country

DO NOT WRITE IN THIS SPACE
03-17-2002 90468 639 150.00

4. FEI Number: 593760525 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Robert Bret Henley

Street Address (P.O. Box Number is Not Acceptable):
842 NW 125th DR.

City: Newberry FL Zip Code: 32669

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

January 1 thru May 1st Fee is $150.00
After May 1st Fee is $550.00
Late 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 Robert Bret Henley 842 NW 125th DR. Newberry FL. 32669	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

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: R. Bret Henley 3/13/03 (352) 332 5554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RECEIVED APR 2 1 2003