

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90126 001 ***150.00

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DOCUMENT # P02000036561

1. Entity Name
INDEPENDENCE ENTERPRISES INC.



Principal Place of Business
**2005 SW 85TH AVENUE
NORTH LAUDERDALE FL 33068**

Mailing Address
**2005 SW 85TH AVENUE
NORTH LAUDERDALE FL 33068**

11029300



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HENNEBERY, DAWN
2005 SW 85TH AVENUE
NORTH LAUDERDALE FL 33068**

Name **Richard Hennebery**

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

2005 SW 85 Avenue

North Lauderdale, FL 33068

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Richard Hennebery

April 25, 03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **HENNEBERY, DAWN**
STREET ADDRESS **PO BOX 17376**
CITY-ST-ZIP **PLANTATION FL 33318-0376**

TITLE **(D.P.) President** ☒ Change ☐ Addition
NAME **Richard Hennebery**
STREET ADDRESS **2005 SW 85 Avenue**
CITY-ST-ZIP **North Lauderdale, FL 33068**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard Hennebery

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 25, 03 **954 258 4608**

CR2E034 (10/02)