

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90009 009 ***150.00

DOCUMENT # P02000037906

1. Entity Name
LAW OFFICES OF SCOTT R. MCHENRY, P.A.



Principal Place of Business
**1910 OLD COLONY LANE
MAITLAND FL 32751**

Mailing Address
**1910 OLD COLONY LANE
MAITLAND FL 32751**



2. Principal Place of Business

540 E. Horatio Ave.

3. Mailing Address

540 E. Horatio Ave.

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

Maitland, FL

City & State

Maitland, FL

4. FEI Number

04-3640310

Applied For

Not Applicable

Zip

32751

Country

Orange

Zip

32751

Country

Orange

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCHENRY, SCOTT R
1910 OLD COLONY LN
MAITLAND FL 32751**

7. Name and Address of New Registered Agent

Name

- same -

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

540 E. Horatio Ave

Suite 101

City

Maitland

FL

Zip Code

32751

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/03

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

TITLE **D** ☐ Delete
NAME **MCHENRY, SCOTT R**
STREET ADDRESS **1910 OLD COLONY LN**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **same except Pres. abo** ☒ Change ☐ Addition
NAME **same**
STREET ADDRESS **540 E. Horatio Ave., Ste 101**
CITY-ST-ZIP **Maitland, FL. 32751**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Scott R. McHenry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/7/03

Daytime Phone #

407-599-9460

CR2E034 (10/02)