

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90070 023 ***150.00

DOCUMENT # P02000049928

1. Entity Name

RICHARD D HENDERSON, INC.



Principal Place of Business
**6231 FEDOR DRIVE
JACKSONVILLE FL 32244**

Mailing Address
**6231 FEDOR DRIVE
JACKSONVILLE FL 32244**

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

59-3365855

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

**HENDERSON, SANDRA H
6231 FEDOR DRIVE
JACKSONVILLE FL 32244**

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HENDERSON, SANDRA H	
STREET ADDRESS	6231 FEDOR DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	V	<input type="checkbox"/> Delete
NAME	HENDERSON, RICHARD D	
STREET ADDRESS	6231 FEDOR DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	V	<input type="checkbox"/> Delete
NAME	HENDERSON, SHAUN R	
STREET ADDRESS	6231 FEDOR DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christopher P. Cornelius	
STREET ADDRESS	8411 Beresford Lane	
CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kelly R. Cornelius	
STREET ADDRESS	8411 Beresford Lane	
CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Sandra H. Henderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-25-03

Date

904-703-5989

Daytime Phone #

CP2E034 (4/03)

Attachment

80143978
#P0200004992 8

RICHARD HENDERSON, INC.
6231 Fedor Drive
Jacksonville, FL 32244
904-772-8639

August 25, 2003

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

Dear Sirs:

As President of Richard Henderson, Inc. I attest that the attached Uniform Business Report is the first notification that we have received, therefore I am requesting that the late fee be waived.

Thank you for your consideration in this matter.

Sincerely,

Sandra H. Henderson

Sandra H. Henderson
President

"We provide courteous and professional services"