UNIFORM BUSINESS REPORT (VBR)

2003 FOR PROFIT CORPORATION

P02000085554

Mailing Address
6966 DOMPTERRE DR.

3. Malling Address

City & State

Zia

32

5521 B

Suite, Apt. #, etc.

Jacksonuill

JACKSONVILLE FL 32210

DOCUMENT #

Principal Place of Business 6968 DOMPIERRE DR JACKSONVILLE FL 32210

2. Principal Place of Business

HENDERSON, CHRISTIAN L

6966 DOMPIERRE DR. JACKSONVILLE FL 32210

5521

City & State

Jacks

Suite, Apt. #, etc.

HENDERSON POWERSPORTS, INC.

Country

<u> P USA</u>

6. Name and Address of Current Registered Agent

1. Entity Name

FILED Sep 16, 2003 8:00 am Secretary of State

09-04-2003 90069 019 ***550.00

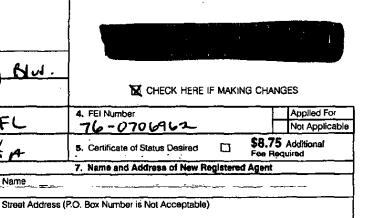
9/4/2

55056585

(4/03)

CR2E034

4



City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. resident TITLE ' ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS aurs CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ■ Addition ide mt . Handerson NAME NAME STREET AODRESS re Orive STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FL PZ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS leepleasur STREET ADDRESS CITY-ST-ZIP CITY-ST-7F 32712 TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP CITY ST-7/8

Country

Name

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 outh; 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 fill other like empowered.

SIGNATURE:

*ዋ*0५-77*8-*3*9*54