03-06-2003 90139 020 ***150.00
P03000000160
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 10 PM 4:40

80047981

# FOR PROFIT CORPORATION
# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000000160

1. Entity Name

HENDRY BROTHERS INCORPORATED

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 5475 ST. JAMES DRIVE | 2014 SW CAPRI STREET |
| Suite, Apt. #, etc.: STE 819 | Suite, Apt. #, etc.: |
| City & State: PORT ST. LUCIE FL | City & State: PORT ST. LUCIE FL |
| Zip: 34983 Country: MARTIN | Zip: 34953 Country: MARTIN |

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2089118 ☐ 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: JON B HENDRY

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

2014 SW CAPRI STREET

City: PORT ST. LUCIE FL Zip Code: 34953

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)

~~Before May 1 Fee is $150.00~~
~~After May 1 Fee is $550.00~~
~~Anonprofit 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Jon B HENDRY<br>2014 SW Capri Street<br>Port St. Lucie FL 34953 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Jason HENDRY<br>2320 SW Savona Blvd<br>Port St. Lucie FL 34953 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

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: Jon B Hendry Jon B. Hendry 3-04-03 772-336-6870
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

3/10/03