

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

03-06-2003 90139 020 ***150.00

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FILED

SECRETARY OF STATE
DIVISION OF CORPORATIONS

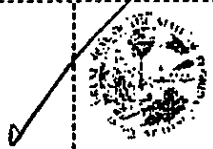
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DOCUMENT # P03000000160

1. Entity Name

HENDRY BROTHERS INCORPORATED



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5475 ST. JAMES DRIVE

Suite, Apt. #, etc.

STE 819

City & State
PORT ST. LUCIE FL

Zip
34983

Country
MARTIN

3. Mailing Address
2014 SW CAPRI STREET

Suite, Apt. #, etc.

City & State
PORT ST. LUCIE FL

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

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

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$135.00

April May 1 - Sep 30 Fee is \$155.00

Announce UBR is \$61.28

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
NAME
STREET ADDRESS
CITY - ST - ZIP

Jon B HENDRY
2014 SW Capri Street
Port St. Lucie FL 34953

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Jason HENDRY
2320 SW Savona Blvd
Port St. Lucie FL 34953

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**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)(f), 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