

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90054 031 \*\*\*150.00

**DOCUMENT # P93000023456**

1. Entity Name  
**POWERS & HENDERSON REPORTING, INCORPORATED**

Principal Place of Business <b>220 EAST FORSYTH STREET          JACKSONVILLE FL 32202</b>	Mailing Address <b>220 EAST FORSYTH STREET          JACKSONVILLE FL 32202</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-3176027</b>	Applied For
	Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required


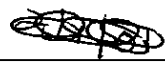
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LESTER, DON H ESQUIRE  
 24 NORTH MARKET STREET  
 SUITE 305  
 JACKSONVILLE FL 32202**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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.

SIGNATURE  DATE 

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	<b>PDS POWERS, STEPHANIE</b>		
STREET ADDRESS	<b>220 EAST FORSYTH STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202</b>	CITY-ST-ZIP	
	<b>VDT HENDERSON, KATHARINE M</b>		
STREET ADDRESS	<b>220 EAST FORSYTH ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: K. M. Henderson Date: 2/1/01 (904) 355-4077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

00113322  
CR2E034 (10/00)