

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000023729

1. Entity Name

H.T. HENLEY ENT., INCORPORATED

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90056 018 ***150.00

Principal Place of Business

14100 US HWY 19 N
OAKWOOD CENTER. #121
CLEARWATER FL 33764
US

Mailing Address

14100 US HWY 19 N
OAKWOOD CENTER. #121
CLEARWATER FL 33764
US

2. Principal Place of Business

14100 US HWY 19 N.
Suite, Apt. #, etc.

OAKWOOD CENTER #117

CLEARWATER, FLORIDA

Zip 33764 Country US

3. Mailing Address

14100 US HWY 19 N.
Suite, Apt. #, etc.

OAKWOOD CENTER #117

CLEARWATER, FLORIDA

Zip 33764 Country US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3176409

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

HENLEY, H T
860 37 AVE N
ST PETERBURG FL 33204

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	P	<input type="checkbox"/> Delete
NAME	HENLEY, HT	
STREET ADDRESS	860 37 AVE NORTH	
CITY-ST-ZIP	ST PETER FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VALDERRAMA, RICHARD	
STREET ADDRESS	11224 TAMARIX AVE	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LESNEWSKI, N CHARLES	
STREET ADDRESS	11805 3RD ST EAST	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HENLEY, JEANETTE C	
STREET ADDRESS	860 39TH AVE N.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDERRAMA, RICHARD	
STREET ADDRESS	10417 TECOMA DR.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD VALDERRAMA

Date

Daytime Phone #

4-16-01

727-539-6600

CR2E034 (10/00)