

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000037237

1. Entity Name

C.J. HENDERSON, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90054 013 ***150.00

Principal Place of Business

Mailing Address

% CHRISTOPHER J. HENDERSON
4243 SUNBEAM ROAD, SUITE 6
JACKSONVILLE FL 32257

% CHRISTOPHER J. HENDERSON
4243 SUNBEAM ROAD, SUITE 6
JACKSONVILLE FL 32257-8975

2. Principal Place of Business

3. Mailing Address

1561 Silver Bell Ln
Suite, Apt. #, etc.

1561 Silver Bell Ln
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orange Park, FL

City & State

Orange Park, FL

4. FEI Number

59-3180493

Applied For

Not Applicable

Zip

32073

Country

USA

Zip

32073

Country

USA

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

HENDERSON, CHRISTOPHER J
4243 SUNBEAM ROAD
SUITE 6
JACKSONVILLE FL 32257

Name

Christopher J. Henderson

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

1561 Silver Bell Ln

City

Orange Park,

FL

Zip Code

32073

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

Christopher J. Henderson, Pres.

4/18/00

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, 2000 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 PD
NAME HENDERSON, CHRISTOPHER J
STREET ADDRESS 4243 SUNBEAM ROAD, #6
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME HENDERSON, LINDSAY K
STREET ADDRESS 4243 SUNBEAM RD #6
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Christopher J. Henderson, Pres.

Date

4/18/00

Daytime Phone #

904-
269-8833

CR2E034 (9/99)