2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



1. Entity Name HENDERSON	:N I # P9300 I MANAGEMENT, INC.	0067277		(a)	03-03-2003 90849 033 ***150.00	
Principal Place of Business 510-B S.W. 5TH TERRACE WILLISTON FL 32696		Mailing Address 510-B S.W. 5TH TERRACE WILLISTON FL 32696				
2. Principal Place of	of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-3206111	Applied For Not Applicable	
Zip	Country	Zip	Country		.75 Additional Required	
6.	Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Ager	nt	
SALZMAN, ANTHONY J MOODY, SALZMAN & ROBERTSON 500 E. UNIVERSITY AVE., SUITE A				Name Street Address (P.O. Box Number is Not Acceptable)		
GAINESVILLE F	L 32602-2759	`	City	FL	Zip Code	
the obligations of 	d entity submits this statement for f registered agent, re, typed or printed name of registered agent ar		registered office or reg	istered agent, or both, in the State of Florida. I am famil	iar with, and accept	
After May	IOW!!! FEE IS \$150.00 1, 2003 Fee will be \$550.00 ble to Florida Department of	State	***************************************	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 11	
	DERSON, PATRICIA A	☐ Delete	NAME		Change Addition	

10. OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, PATRICIA A 510-B S.W. 5TH TERRACE WILLISTON FL 32696	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ /	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change A	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A	ddition
TITLE		☐ Delete	TITLE	☐ Change ☐ A	ddition

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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

PATR