

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90005 025 ***150.00

DOCUMENT # P95000035690

1. Entity Name

HENSON HOMES, INC.

Principal Place of Business

27521 E SR 44
 EUSTIS FL 32736
 US

Mailing Address

27521 E SR 44
 EUSTIS FL 32736
 US

2. Principal Place of Business

109 W. Ponkan Rd.

3. Mailing Address

109 W. Ponkan Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apopka FL

City & State

Apopka FL

Zip

32712

Country

Orange

Zip

32712

Country

Orange

4. FEI Number

59-3308743

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HENSON, PATSY C
 27521 E. SR 44
 EUSTIS FL 32736

7. Name and Address of New Registered Agent

Name

Patsy C. Henson

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

109 W. Ponkan Rd.

City

Apopka

FL

Zip Code

32712

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.

(NOT

Registered Agent's 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
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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	HENSON, PATSY C	
STREET ADDRESS	27521 E. SR 44	
CITY-ST-ZIP	EUSTIS FL 32736	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HENSON, THOMAS R SR	
STREET ADDRESS	27521 E. SR 44	
CITY-ST-ZIP	EUSTIS FL 32736	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Henson, Patsy C	
STREET ADDRESS	109 W. Ponkan Rd	
CITY-ST-ZIP	Apopka FL 32712	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Henson, Thomas R. Sr.	
STREET ADDRESS	109 W. Ponkan Rd	
CITY-ST-ZIP	Apopka FL 32712	
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		
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

Patsy C. Henson Patsy C. Henson

4/27/01

Date

Daytime Phone #

CR2E034 (10/00)