## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P97000051346 **DOCUMENT #**

1. Entity Name

HENSLEY & COMPANY, P.A.



## **FILED** Feb 28, 2003 8:00 am & Secretary of State

02-28-2003 90165 033 \*\*\*150.00

Principal Place of Business 10911 BONITA BEACH RD. STE 2084 BONITA SPRINGS FL 34135 2. Principal Place of Business		Mailing Address 10911 BONITA BEACH I STE 208-I BONITA SPRINGS FL 34		
		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 65-0700009 Applied For Not Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6	Name and Address of Cur	rent Registered Agent		7. Name and Address of New Registered Agent
HENSLEY, KAREY CPA 10911 BONITA BEACH RD. STE 208-I			Name Street Address	s (P.O. Box Number is Not Acceptable)
BONITA SPRINGS FL 34135			City	FL Zip Code
the obligations of SIGNATURE Signat	ed entity submits this statement of registered agent.  ure, typed or printed name of registered		s registered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and acceptive agent, or both, in the State of Florida. I am familiar with, and acceptive agent, or both, in the State of Florida. I am familiar with, and acceptive agent, or both, in the State of Florida. I am familiar with, and acceptive agent, or both, in the State of Florida. I am familiar with, and acceptive agent, or both, in the State of Florida. I am familiar with, and acceptive agent, acceptive agent, and acceptive agent, acceptive agent, acceptive agent, acceptive agent, acceptive agent, accepti
. After May	NOW!!! FEE IS \$150.00 r 1, 2003 Fee will be \$550 able to Florida Departme	.00 nt of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS /	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
STREET ADDRESS 109	nsley, Karey 111 Bonita Beach Rd. S Nita Springs Fl 34135	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi
TITLE NAME STREET ADDRESS CITY-SI-ZIP	-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS	1	□ Delete `	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

of the corporation or the reci-changed, or on an attachme to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

D NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #