

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**  
 05-01-2001 90035 024 \*\*\*158.75

**DOCUMENT # P97000054948**

1. Entity Name  
**HENRY AND SONS TRUCKING INC.**

Principal Place of Business      Mailing Address

836 CINNAMON DR. S.W.      836 CINNAMON DR. S.W.  
 WINTER HAVEN FL 33880      WINTER HAVEN FL 33880

2. Principal Place of Business      3. Mailing Address

**836 Cinnamon Dr**      **836 Cinnamon Dr**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**Winter Haven Fl.**      **Winter Haven Fl.**

Zip      Country      Zip      Country

**33880**      **USA**      **33880**      **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number      59-3449079      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

HENRY, WORRELL S  
 836 CINNAMON DR. S.W.  
 WINTER HAVEN FL 33880

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      *Worrell Henry*      *Worrell Henry*      DATE

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.      ☒      **FILE NOW!!! FEE IS \$150.00**  
 (See criteria on back)      **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 NAME STREET ADDRESS CITY-ST-ZIP	P WORRELL, HENRY 836 CINNAMON DR. SW WINTER HAVEN FL 33880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Worrell Henry 836 Cinnamon Dr Winter Haven Fl. 33880 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONRAD, HENRY 836 CINNAMON DR. SW WINTER HAVEN FL 33880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MULINGS, MARLENE 836 CINNAMON DR. SW WINTER HAVEN FL 33880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Marlene Mullings 836 Cinnamon Dr Winter Haven Fl. 33880 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VP</del> <del>JOHNS, WILLIE</del> <del>836 CINNAMON DR. SW</del> <del>WINTER HAVEN FL 33880</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:      *Worrell Henry Secretary*      *April 24, 01*      *833-293-5566*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)