

DOCUMENT # P97000104423

1. Entity Name

HENLEY TRADING, INC.

Principal Place of Business

CORTEZ CAR WASH  
5150 CORTEZ RD W  
BRADENTON FL 34210

Mailing Address

664 EAGLE WATCH LANE  
OSPREY FL 34229

2. Principal Place of Business

5150 CORTEZ RD W

3. Mailing Address

664 EAGLE WATCH LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

BRADENTON FL

City &amp; State

OSPREY FL

Zip

34210

Country

USA

Zip

34229

Country

USA

4. FEI Number 59-3483357

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TABNER, RONALD W  
664 EAGLE WATCH LN  
OSPREY FL 34229

7. Name and Address of New Registered Agent

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

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, 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 PS  
NAME TABNER, RONALD W  
STREET ADDRESS 664 EAGLE WATCH LN  
CITY-ST-ZIP OSPREY FL 34229 ☐ DeleteTITLE VPT  
NAME TABNER, IRIS E  
STREET ADDRESS 664 EAGLE WATCH LANE  
CITY-ST-ZIP OSPREY FL 34229 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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:

IRIS E TABNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/01

Date

941 966 9753

Daytime Phone #

FILED  
Jan 16, 2001 8:00 am  
Secretary of State

01-16-2001 90004 033 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)