

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90314 044 \*\*\*150.00

0039264 AV

**DOCUMENT # P98000007120**

1. Entity Name  
**AINSLEY CLAIRMONT HENERY, INC.**



Principal Place of Business  
**3610 NW 21 STREET  
SUITE 206  
LAUDERDALE LAKES FL 33311**

Mailing Address  
**3610 NW 21 STREET  
SUITE 206  
LAUDERDALE LAKES FL 33311**



2. Principal Place of Business  
**2776 NW 47 terr  
Suite, Apt. #, etc.  
801**

3. Mailing Address  
**2776 NW 47 terr  
Suite, Apt. #, etc.  
801**

CHECK HERE IF MAKING CHANGES

City & State  
**LaudL. Lakes FL**  
Zip  
**33313** Country  
**Broward**

City & State  
**LaudL. Lakes FL**  
Zip  
**33313** Country  
**Broward**

4. FEI Number **59-3489809** 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

**HENERY, AINSLEY C  
3610 NW 21 STREET  
SUITE 206  
LAUDERDALE LAKES FL 33311**

Name  
**Henery, Ainsley C**  
Street Address (P.O. Box Number is Not Acceptable)  
**2776 NW 47 terr**  
**Suite 801**  
City  
**Lauderdale Lakes FL** Zip Code  
**33313**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/20/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	<b>D</b>	<b>HENERY, AINSLEY C</b>	<b>3610 NW 21 STREET STE 206 LAUDERDALE LAKES FL 33311</b>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>P</b>	<b>HENERY, Ainsley C</b>	<b>2776 NW 47 terr ste 801 Lauderdale Lakes FL 33313</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 or 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.

SIGNATURE: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/20/03** DAYTIME PHONE # **954-254-9632**

CR2E034 (10/02)