

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000057636

1. Entity Name

HENSLEY & BREWSTER, INC.

FILED

Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90024 003 ***150.00

0340537

Principal Place of Business

Mailing Address

7015 N ARMENIA AVENUE
TAMPA FL 33604

7015 N ARMENIA AVENUE
TAMPA FL 33604

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3519458

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

HENSLEY, PATTY
7015 N ARMENIA AVENUE
TAMPA FL 33604

Name DAVID BREWSTER

Street Address (P.O. Box Number is Not Acceptable)
7015 N Armenia Avenue

City

Tampa

FL

Zip Code

33604

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 *Patty Hensley*
Signature, typed or printed name of registered agent and title if applicable.

Patty Hensley PD

(NOTE: Registered Agent signature required when reinstating)

4-20-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME HENSLEY, PATTY
STREET ADDRESS 9627 HIDDEN OAK CIRCLE
CITY-ST-ZIP TAMPA FL 33612 ☒ Delete

TITLE VPD
NAME BREWSTER, DAVID
STREET ADDRESS 4102 MCTAVISH PLACE
CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PRESIDENT
NAME
STREET ADDRESS 2413 Silver Forrest Lane
CITY-ST-ZIP Lutz, FL 33549 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 *David Brewster*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01

Date

813-931-1040

Daytime Phone #

CR2E034 (10/00)