

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90521 048 ***150.00

DOCUMENT # P98000100380

1. Entity Name
HENRY HOLDINGS OF TALLAHASSEE, INC.



Principal Place of Business
**1445 VIENX CARRE
TALLAHASSEE FL 32308
US**

Mailing Address
**1445 VIENX CARRE
TALLAHASSEE FL 32308
US**



2. Principal Place of Business
**1580 Bannerman Road
Suite, Apt. #, etc. # 2**

3. Mailing Address
**1580 Bannerman Road
Suite, Apt. #, etc. # 2**

City & State
**Tallahassee, FL
Zip 32312 Country USA**

City & State
**Tallahassee, FL
Zip 32312 Country USA**

4. FEI Number **59-3544337**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CONNER, MARK A
1445 VIEUX CARRE
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name **MARK A CONNER**
Street Address (P.O. Box Number is Not Acceptable)
**1580 Bannerman Road
2**
City **Tallahassee** FL Zip Code **32312**

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.

MARK A. CONNER President

1/16/03

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CONNER, MARK A 1445 VIEUX CARRE TALLAHASSEE FL 32308	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CONNER, ALBERT J JR 1445 VIEUX CARRE TALLAHASSEE FL 32308	☐ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/03
850-544-6157

CR2E034 (10/02)