

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024893

1. Entity Name

WALT HENRY AUTOS INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90120 025 ***150.00

Principal Place of Business

Mailing Address

1592 TAMiami TR. 6.
VENICE FL. 34293

2. Principal Place of Business

3. Mailing Address

1592 TAMiami TR. S.

SAINE AS #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

City & State

City & State

VENICE, FL.

Zip

Country

Zip

Country

34293

SARASOTA

4. FEI Number

65-0909779

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

WALTER C. HENRY
1592 TAMiami TR. S.
VENICE, FL. 34293

Name LAURA A. CLARKE

Street Address (P.O. Box Number is Not Acceptable)

1592 TAMiami TR. S.

City

VENICE

FL

Zip Code

34293

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 WALTER C. HENRY

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

(NOTE: Registered Agent signature required when reinstating)

3-09-00

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, 2000 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 PRESIDENT
NAME WALTER C. HENRY
STREET ADDRESS 1592 TAMiami TR. S.
CITY-ST-ZIP VENICE FL. 34293 ☐ Delete

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

TITLE VICE PRESIDENT
NAME LAURA A. CLARKE
STREET ADDRESS 1592 TAMiami TR. S.
CITY-ST-ZIP VENICE, FL. 34293 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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: WALTER C. HENRY - WALTER C. HENRY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-09-00

Date

941 492-3783

Daytime Phone #

CR2E034 (9/99)