

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90877 005 ***158.75

DOCUMENT # 799000074896

1. Entity Name

T.R. HENRY Building Contractor, Inc.

(NCLW)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12889 Emerald Coast Pkwy

3. Mailing Address

12889 Emerald Coast Pkwy

Suite, Apt. #, etc.

Suite 111-A

Suite, Apt. #, etc.

Suite 111-A

City & State

Destin FLORIDA

City & State

Destin FLORIDA

4. FEI Number

59-3641336

Applied For

Not Applicable

Zip

82550

Country

USA

Zip

32550

Country

USA

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	DPS HENRY, TODD R 4063 Burning Tree Drive Destin, FL 32550	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TODD RAY HENRY

Date

4-26-2002

Daytime Phone #

(850) 654-4818

CR2E034B (12/01)