

2000 UNIFORM BUSINESS REPORT (UBR)

4/7/00-9/0020-043-5120.07 020000

DOCUMENT # P99000104717

1. Entity Name

HENDERSON PEST ELIMINATION, INC

Principal Place of Business

415 AVENUE E SOUTHEAST
WINTER HAVEN FL 33882

Mailing Address

POST OFFICE BOX 1621
WINTER HAVEN FL 33882-1621

2. Principal Place of Business

415 AVE E SOUTHEAST
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 1621
Suite, Apt. #, etc.

City & State

Winter Haven Fla

City & State

WILH FLA

Zip

Country

Zip

Country

33882

PO BOX

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENDERSON, JOHNE
415 AVENUE E SOUTHEAST
WINTER HAVEN FL 33882

7. Name and Address of New Registered Agent

Name

SAME

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-6-00

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

TITLE	JOHNE A. HENDERSON	<input type="checkbox"/> Delete
NAME	415 AVE E SOUTHEAST	
STREET ADDRESS	WILH FLA 33882	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-00

Date

224-0518

Daytime Phone #

one mailed copy
KUD 7-17-00

CR2E034 (9/99)

10/17/00

Dear Sir or Mam

This notice of dissolution came as quite a surprise in that I not only filed but also sent the form as copied here back all before May 1st.

This letter and info is being sent Express delivery so that this has to be signed for. Realizing the postal service is not perfect, even though for the billions of mail delivered they do a fine job, want to be sure that you do receive it.

I received the letter dated 4-10-00 on 4-17 and promptly filled in #11 and sent it out regular mail the next day 4-18-00. Fortunately I kept a copy

Sincerely,

Johnie Henderson