

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S11336

1. Entity Name

ROBERT HENRY CONSULTING ENGINEER, INC.

FILED

Feb 26, 2000 8:00 am  
Secretary of State

02-26-2000 90064 044 \*\*\*150.00

Principal Place of Business

2602 S. DIXIE HWY  
SUITE 4  
WEST PALM BCH. FL 33401  
US

Mailing Address

2602 S. DIXIE HWY  
SUITE 4  
WEST PALM BEACH FL 33409-5242  
US

2. Principal Place of Business

1860 OLD OKEECHOBEE  
Suite, Apt. #, etc.  
511

3. Mailing Address

1860 OLD OKEECHOBEE  
Suite, Apt. #, etc.  
511

City & State

WEST PALM BEACH

City & State

WEST PALM BEACH

Zip

Country

33409

USA

Zip

Country

33409

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0220589

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

SHARFF, BURTON G.  
2315 S CONGRESS AVE  
WEST PALM BEACH FL 33406

Name

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

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) ☐

**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	PD	<input type="checkbox"/> Delete
NAME	HENRY, ROBERT	
STREET ADDRESS	2602 S. DIXIE HWY, SUITE 4	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

ROBERT J. HENRY

Date

2/21/00

Daytime Phone #

501 688-1644

CR2E034 (9/99)