

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90015 018 ***158.75

DOCUMENT # S14282

1. Entity Name

HENDERSON AGENCY, INC.

Principal Place of Business

**3810 16TH STREET NORTH
 ST. PETERSBURG FL 33703**

Mailing Address

**3810 16TH STREET NORTH
 ST. PETERSBURG FL 33703**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3041897**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ALYCIA BRACKEN WEIGLEY
 3810 16TH STREET N.
 ST. PETERSBURG FL 33703**

Name
STANLEY SHREVE
 Street Address (P.O. Box Number is Not Acceptable)
3810 16TH ST. N.

City **ST. PETERSBURG** **FL** Zip Code **33703**

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

4/30/01

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	WILLINGHAM, WEYMAN	
STREET ADDRESS	3810 16TH STREET N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHREVE, STANLEY	
STREET ADDRESS	3810 16TH STREET N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	ALYCIA BRACKEN WEIGLEY	
STREET ADDRESS	3810 16TH STREET N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	WELCH, JOHN	
STREET ADDRESS	3810 16TH STREET N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	STAMBAUGH, ROBERT	
STREET ADDRESS	3810 16TH STREET N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
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	
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

Date

Daytime Phone #

4/30/01 727-522-7777

CR2E034 (10/00)