

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S25054

1. Entity Name
HENRY PLUMBING, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90099 041 ***150.00

Principal Place of Business 5004 BONNET AVE. NORTH PORT FL 34287 US	Mailing Address 5004 BONNET AVE. NORTH PORT FL 34286-8415 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5004 BONNET AVE	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State North port FL	City & State
Zip 34287 Country US	Zip Country

4. FEI Number 65-0242788	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HENRY, CHARLES D 5004 BONNET AVE. NORTH PORT FL 34287	7. Name and Address of New Registered Agent Same
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 Charles D Henry (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. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENRY, CHARLES D. 5004 BONNET AVE NORT PORT FL 34287	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENRY, MICHAEL D 3100 CITRUS AVE HARBOUR HTS FL 33980	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HENRY, LANCE H 5004 BONNET AVE NEW PORT FL 34287	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Charles D Henry **CHARLES D. HENRY** 4/14/00 941-426-7987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)