

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S25969

1. Entity Name  
HENDERSON GRADE, INC.

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**  
05-10-2001 90169 048 \*\*\*150.00

Principal Place of Business  
1625 HENDRY ST  
301  
FT MYERS FL 33901  
US

Mailing Address  
1625 HENDRY ST  
301  
FT MYERS FL 33901  
US

2. Principal Place of Business  
2038 HENLEY PL

3. Mailing Address  
2038 HENLEY PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
FT MYERS FL

City & State  
FT MYERS FL

4. FEI Number 65-0237560

Applied For  
Not Applicable

Zip 33901 Country USA

Zip 33901 Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

HUMPHREY, JAMES T  
1625 HENDRY ST  
#301  
FT MYERS FL 33901

## 7. Name and Address of New Registered Agent

Name WILLIAM A. MAHER  
Street Address (P.O. Box Number is Not Acceptable)  
2038 HENLEY PL  
City FT MYERS FL Zip Code 33901

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 *William A. Maher*

4/30/01

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, 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

TITLE DP  
NAME MUELLER, WILFRED  
STREET ADDRESS 1625 HENDRY ST #301  
CITY-ST-ZIP FT MYERS FL 33901 ☐ Delete

TITLE VST  
NAME HUMPHREY, NANCY  
STREET ADDRESS 1625 HENDRY ST #301  
CITY-ST-ZIP FT MYERS FL 33901 ☐ Delete

TITLE VT  
NAME MUELLER, SANDRA  
STREET ADDRESS 1625 HENDRY ST #301  
CITY-ST-ZIP FT MYERS FL 33901 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ 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: *William A. Maher*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2001

Date

Daytime Phone #

CR2E034 (10/00)