

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90313 038 \*\*\*150.00

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**DOCUMENT # S92894**

1. Entity Name  
**HENDERSON PLANNING GROUP, INC.**



Principal Place of Business  
**506 MARIPOSA ST  
ORLANDO FL 32801  
US**

Mailing Address  
**506 MARIPOSA ST  
ORLANDO FL 32801  
US**

**OFFICE IS CLOSED**

2. Principal Place of Business  
**P.O. Box 2617**

3. Mailing Address  
**PO Box 2617**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**WINDERMERE FL**

**WINDERMERE FL**

Zip  
**34786**

Country  
**USA**

Zip  
**34786**

Country  
**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3096651**

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**

**CORPORATION COMPANY OF MIAMI  
201 S BISCAYNE BLVD #1600  
MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCOTT, HENDERSON J</b>	
STREET ADDRESS	<b>112 S. LAKE AVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** **ORIGINAL REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)