

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V04545

1. Entity Name

DAVID HENRICHs ENTERPRISES, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90080 023 ***150.00

Principal Place of Business

Mailing Address

3801 SE DIXIE ROSS STREET
STUART FL 34990
US

3801 SE DIXIE ROSS 5
STUART FL 34997
US

2. Principal Place of Business

3801 SE DIXIE ROSS STREET

3. Mailing Address

Suite, Apt. #, etc.

City & State

STUART, FL

Zip

34997

Country

US

Country

4. FEI Number

65-0306181

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

HENRICHs, DAVID
3801 DIXIE ROSS STREET
STUART FL 34990

Name

HENRICHs, DAVID

Street Address (P.O. Box Number is Not Acceptable)

3801 SE DIXIE ROSS STREET

City

STUART, FL

FL

Zip Code

34997

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
HENRICHs, DAVID
PO BOX 14844 NA
N PALM BCH FL

☐ Delete

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)