2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 05, 2001 8:00 am **DOCUMENT # V53891 Secretary of State** 1. Entity Name HENRICUS, INC. 02-05-2001 90080 046 ***150.00 Principal Place of Business Mailing Address 1318 LAFAYETTE ST 1318 LAFAYETTE ST CAPE CORAL FL 33904 CAPE CORAL FL 33904 TOOT 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0346902 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HILL, THOMAS W. Street Address (P.O. Box Number is Not Acceptable) 1318 LAFAYETTE ST CAPE CORAL FL 33904 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE ☐ Delete TITLE ☐ Change HILL, THOMAS W. NAME NAME STREET ADDRESS 1318 LAFAYETTE ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL ☐ Delete TITLE TITLE ☐ Change Addition HENRICH, DOSEPH 1318 LAFAYETTE ST. NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL, FL. 33904 Addition Addition TITLE ☐ Change TITLE ☐ Delete HENRICH, ROSMARIE NAME NAME STREET ADDRESS STREET ADDRESS 1318 LAFAYETTE ST. CITY-ST-ZIP CITY-ST-7IE CAPE CORAL, FL 33904 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 exposured.

Thomas W. Hill 1-31-01 SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR