FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBIF)

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DOCUMENT # J11771								. FILED					
HANEL MFG. & PRODUCTS.CO., INC DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Acdress								O2 APR -2 PM 3: 23 SECRETARY OF STATE TALLAHASSEE, FLOREN					
								•	46th	Avenue North	3200 - 46 Suite, Apt. #, etc.	3200 - 46th Avenue Nort Suite, Apt. #, etc.	
St. Pe	tersbu	irg, FL	St. Petersburg, FL			4	FELNU 59	mber -26681	41		Applied For Not Applicab	ek	
33 ^{Zio} 10	Zio County County V.S.A.		33710 Count U.S		A.	5. Certificat					.75 Additional Required		
			·		None	7.	Name ar	nd Address o	Current F	legistered Ag	jent	\exists	
DO NOT MIDITE								ph Borowczyk, Jr.					
DO NOT WRITE IN THIS SPACE					Street Address (P.O. Box Number is Not Acceptable) 3200 - 46th Avenue North]	
	;	J200 - 40th Avenue North							7				
		City St	Pel	Petersburg FL Zip Code 33710									
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.											<u> </u>	7	
SIGNATURE			and the Manager of th	(NOTE: Registered	A cost closses	*************	n telneturine			DAYE			
<u> </u>		or printed name of registered agent a		- May 1 Fe			,	<u>"</u>					
9. This carpo Tax filing ((See criter	Ray 1, Fee it nded UBR Is	Fee is \$550.00 UBR is \$61.25 to Department of Sta		10.	Election Carr Trust Fund C			\$5.00 May Be Added to Fees					
11.		OFFICERS AND	DIRECTORS						· · · · ·			긔ᇎ	
TITLE	1 1 1 1 1				.							200	
NAME Street adoress	1202011 10201011 11 01			NAME STREE	T ADDRESS						•	B (1	
CITY-ST-ZIP				CITY-	\$7-ZP							<u>\$</u>	
TITLE	S/D Rosalie M. Borowczyk			TITLE	- 1							CR2E034B (12/01)	
NAME STREET ADDRESS					T ADDRESS	٠.			٠			١	
CITY-ST-ZIP					ST-Z#P					<u> </u>	•	_]	
TITLE				TITLE	. 1			•			-		
NAME Street address	<u> </u>			STREE	T ADOPESS				^				
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NAME STREET ADDRESS				NAME STREE	T ADDRESS							}	
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IME				TITLE	1								
NAME STOLET ADDOCCS	•			NAME	T ADDRESS								
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TITLE	\vdash			TITLE						<u> </u>			
NAME				NAME					•	-		1	
STREET ADORESS CITY-ST-ZIP					T ADDRESS St-21P		•.						
13. I hereby o	I on this topo	e information supplied with rt or supplemental report is	けいふ ふんげ ロククリアのたい のかげ け	y for the exer	nption state	IVO IDA CON	หางคาดเด	mert as it mar	ne ividet o	imai i am s	M SUCKLOF CIRCLIST		
of the cor attachme	ne ne chiw In	the receiver or trustee employers, with all other like em	OOWered	eport as requ Presio		apter 607. I	•						
SIGNAT	URE: _		//				02	-/2-2	062	727/	528-1265	.	

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