



FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90213 015 ***150.00

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

DOCUMENT # P01000102273				90104186	
1. Entity Name HANSEN CONSULTING, INC.					
Principal Place of Business 951 LYONS ROAD 6208 COCONUT CREEK, FL 33063		Mailing Address 951 LYONS ROAD 6208 COCONUT CREEK, FL 33063			
2. Principal Place of Business 5156 STAGE COACH DR. Suite, Apt. #, etc.		3. Mailing Address 5156 STAGE COACH DR. Suite, Apt. #, etc.			
City & State COCONUT CR. FL		City & State COCONUT CREEK FL		4. FEI Number 85-1153923	
Zip 33073		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HANSEN, BJORN Y 951 LYONS ROAD 6208 COCONUT CREEK, FL 33063			7. Name and Address of New Registered Agent Name: HANSEN, BJORN Y Street Address (P.O. Box Number is Not Acceptable): 5156 STAGE COACH DR. City: COCONUT CREEK FL Zip Code: 33073		
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: <u>Bjorn Hansen</u> BJORN Y HANSEN 4-8-03 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when retaining.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 14, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANSEN, BJORN Y 951 LYONS ROAD COCONUT CREEK, FL 33063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANSEN, BJORN Y 5156 STAGE COACH DR. COCONUT CR. FL 33073	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RICHARDS, ODETTE N 951 LYONS ROAD COCONUT CREEK, FL 33063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RICHARDS, ODETTE N 5156 STAGE COACH DR. COCONUT CR. FL 33073	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 507, 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: <u>Bjorn Hansen</u> BJORN Y HANSEN 4-8-03 9546125976 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E034 (10/02)