

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000035637

FILED
Apr 15, 2003
Secretary of State

Entity Name: M & D HANKE ENTERPRISES, INC.

Current Principal Place of Business:

17401 NE 114 AVE
WALDO, FL 32694

New Principal Place of Business:

Current Mailing Address:

17401 NE 114 AVE
WALDO, FL 32694

New Mailing Address:

FEI Number: 32-0021210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANKE, MICHAEL
17401 NE 114 AVE
WALDO, FL 32694

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HANKE, MICHAEL
Address: 17401 NE 114 AVE
City-St-Zip: WALDO, FL 32694

Title: D () Delete
Name: HANKE, DONNA
Address: 17401 NE 114 AVE
City-St-Zip: WALDO, FL 32694

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: HANKE, AMBER
Address: 17401 NE 114 AVE
City-St-Zip: WALDO, FL 32694

Title: O () Change (X) Addition
Name: HANKE, DONNA
Address: 17401 NE 114 AVE
City-St-Zip: WALDO, FL 32694

Title: O () Change (X) Addition
Name: HANKE, AMBER
Address: 17401 NE 114 AVE
City-St-Zip: WALDO, FL 32694

Title: O () Change (X) Addition
Name: HANKE, MICHAEL
Address: 17401 NE 114 AVE
City-St-Zip: WALDO, FL 32694

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMBER HANKE

D

04/15/2003

Electronic Signature of Signing Officer or Director

Date