## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # **P99000014292**

LAWRENCE HANSEN ENTERPRISES, INC.

## FILED Apr 30, 2001 8:00 am Secretary of State

		04-30-2001 90064 037 ***150.00					
Principal Place	of Business	Mailing Address					
ELION TLACE	LANGE THE TOP OF THE T	SELTON PEACE					
D <del>e ratem de la</del>	Ochmont Village	- 80XNTON BEASTART 92462 - C/C 549	F(/ m /	Villare circle			
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La Kr	Worth, F1 3	3 463 Lc A 3. Mailing Address 5458 Oak M	c Worth, Fl	35473			
	DEAMIND Village Ch	5458 00 1 A	10 + 10 //				
Suite, Apt.		Suite, Apt. #, etc.	····· O J Tage		WRITE IN THIS SF	ACE	
City & State	City & State			4. FEI Number 65-0924	4533		olied For
Zip	Country		Country			8.75 Addi	Applicable
3346	3 us	33463	us	5. Certificate of Status Desir		ee Required	
	6. Name and Address of Current F	Registered Agent		7. Name and Address of N	ew Registered Ag	jent	
041/4	AAN JOURS T		Name				
PAXMAN, JOHN T 1601 FORUM PLACE STE 801				Street Address (P.O. Box Number is Not Acceptable)			
	T PALM BEACH FL 33401						
1120	1 TALM BEAGITTE 60401	-					
			City		Fl	Zip Code	)
R The above	named entity submits this statement for	the Aurnose of changing its re	gistered office or regis	stared agent or hoth in the State			
o. The above	()	the burpose of changing its re	gistered office or regis	stered agent, or both, in the state	oi riorida.		
SIGNATURE _	Fernan	1 lanses					
SIGNATURE .	Signature, typed or printed name of registered agent a	a title if applicable. (NOTE: R	Registered Agent signature requ	uired when reinstating)	DATE		
9. This corno	pration is eligible to satisfy its Intangible	FILE MOWILL	FEE IS \$150.00				
Tax filing requirement and elects to do so.  After MAY 1, 2001 Fee to				0 10. Election Campaig	·		O May Be to Fees
(See criter	ia on back)	Make Check Payable	e to Department of S	State	1500001: D	Added	torees
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTORS	3 IN 11
TITLE	D	☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS	HANSEN, LAWRENCE G	Ochment villan	NAME STREET ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH 15 32162 L						
ŢITLE	T	□ Delete	TITLE			☐ Change	Addition
NAME	Sonia Hanson	L Bolote	NAME			C.I.a.igo	
STREET ADDRESS	5458 Ochment Wille	ne circle	STREET ADDRESS				
CITY-ST-ZIP	Lape worth 81	33463	CITY-S!-ZIP				
TITLE		☐ Delete	THTLE			☐ Change	Addition
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STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME CTOSET ADDOGGO			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
· · · · · · · · · · · · · · · · · · ·		Пен				Chance	Addition
TITLE NAME		☐ Delete	TITLE NAME			Change	LT Acaicon
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
	certify that the information supplied with						
indicated of the co	d on this report or supplemental report is reporation or the receiver or trustee emp	s true and accurate and that mo owered to execute this report a	y signature shall have is required by Chapter	the same legal effect as if made i 607, Florida Statutes; and that m	under oath; that I a ny name appears ir	m an office: Block 11 c	r or director or Block 12 if
	i, or on an attachment with an address.		4		, <u></u>		
SIGNAT	anc. 4 //	<i>f</i> /5		W 120 - 05	/ه		
		PRINTED NAME OF SIGNING OFFICER O	R DIRECTOR	<u>4 - 2 9 - 3 8</u> Date	,	aytime Phone #	