

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2001 8:00 am**  
**Secretary of State**

04-14-2001 90014 041 \*\*\*150.00

**DOCUMENT # 300781**

1. Entity Name

**HELEN HANSON PROPERTIES, INC.**

Principal Place of Business

**3511 HILLTOP LN  
COCOA FL 32926  
US**

Mailing Address

**% MARK S HANSON  
3511 HILLTOP LN  
COCOA FL 32926  
US**

2. Principal Place of Business

**1664 FigTree Dr.**  
Suite, Apt. #, etc.

3. Mailing Address

**1664 FigTree Dr.**  
Suite, Apt. #, etc.

City & State

**Titusville FL**

City & State

**Titusville FL**

4. FEI Number

**59-1215519**

Applied For

Not Applicable

Zip

**32780**

Country

**U.S.A.**

Zip

**32780**

Country

**U.S.A.**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HANSON, MARK S  
3511 HILLTOP LN  
COCOA FL 32926**

7. Name and Address of New Registered Agent

Name

**Mark S Hanson**

Street Address (P.O. Box Number is Not Acceptable)

**1664 FigTree Dr.**

City

**Titusville**

FL

Zip Code

**32780**

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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **P HANSON, MARK S**  
STREET ADDRESS **3511 HILLTOP LN**  
CITY-ST-ZIP **COCOA FL**

TITLE ☐ Delete  
NAME **ST COOKSEY, BYRON T**  
STREET ADDRESS **979 BEACHLAND BLVD**  
CITY-ST-ZIP **VERO BCH FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 empowered.

SIGNATURE: **Mark S. Hanson**

**Mark S. Hanson**

**3/5/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0079625

CR2E034 (10/00)