

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 357313

1. Entity Name

HANSEN MARINE WAYS, INC.

FILED

Apr 19, 2000 8:00 am  
Secretary of State

04-19-2000 90068 025 \*\*\*150.00

Principal Place of Business

Mailing Address

PALM BEACH BLVD  
BOX 50903  
MYERS FL 33994-0903

5415 PALM BEACH BLVD  
P.O. BOX 50903  
FORT MYERS FLA 33994-0903  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1279818

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANSEN, A ERNEST  
8289 BOONESBORO ROAD  
P O BOX 50903  
FT MYERS FL 33994-0903 (see Above)

Name

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

City

Zip Code Change

FL

33994-

0903

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME HANSEN, A ERNEST  
STREET ADDRESS 8289 BOONESBORO ROAD  
CITY-ST-ZIP N FT MYERS FL 33917

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD  
NAME HANSEN, HANS C  
STREET ADDRESS 5501 PARK RD  
CITY-ST-ZIP FT MYERS FL 33908

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ST  
NAME HANSEN, FRANCES  
STREET ADDRESS 8289 BOONESBORO ROAD  
CITY-ST-ZIP N FT MYERS FL 33917

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME HANSEN, FRANCES  
STREET ADDRESS 8289 BOONESBORO RD  
CITY-ST-ZIP FT MYERS FL 33917

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE AST  
NAME HOKE, JENNIE H  
STREET ADDRESS 8289 BOONESBORO RD.  
CITY-ST-ZIP N FT MYERS FL 33917

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Francis Hansen

4-12-00

941-343-3235

CR2E034 (9/99)