

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90141 018 ***150.00

DOCUMENT # 357313

1. Entity Name
HANSEN MARINE WAYS, INC.



Principal Place of Business
**5415 PALM BEACH BLVD
P.O. BOX 50903
FORT MYERS FL 33994-0903
US**

Mailing Address
**5415 PALM BEACH BLVD
P.O. BOX 50903
FORT MYERS FL 33994-0903
US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1279818**
Applied For
Not Applicable

Zip Country Zip Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HANSEN, A ERNEST
8289 BOONESBORO ROAD
P O BOX 50903
FT MYERS FL 33994-0903**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

A Ernest Hansen

3-17-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HANSEN, A ERNEST	
STREET ADDRESS	8289 BOONESBORO ROAD	
CITY-ST-ZIP	N FT MYERS FL 33917	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HANSEN, HANS C	
STREET ADDRESS	5501 PARK RD	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HANSEN, FRANCES	
STREET ADDRESS	8289 BOONESBORO ROAD	
CITY-ST-ZIP	N FT MYERS FL 33917	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANSEN, FRANCES	
STREET ADDRESS	8289 BOONESBORO RD	
CITY-ST-ZIP	FT MYERS FL 33917	
TITLE	AST	<input type="checkbox"/> Delete
NAME	HOKE, JENNIE H	
STREET ADDRESS	8289 BOONESBORO RD.	
CITY-ST-ZIP	N FT MYERS FL 33917	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 607, 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:

Frances Hansen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-03 239-543-3235
Date Daytime Phone #

CR2E034 (10/02)