

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 630504

1. Entity Name

W.A. HANNA COMPANY, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90021 001 ***150.00

Principal Place of Business

Mailing Address

6080 SW 14TH ST
PLANTATION FL 33317

6080 SW 14TH ST
PLANTATION FL 33317-4606



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GREEN, BRUCE DAVID ESQ.
600 S ANDREWS
SUITE 400
FT. LAUDERDALE FL 33301

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.

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 B
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME PD
STREET ADDRESS HANNA, WILSON A.
CITY-ST-ZIP 6080 S.W. 14TH STREET
PLANTATION 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

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 ☐ Add

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Add

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 changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-00 954-583-2002