

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90061 022 \*\*\*158.75

**DOCUMENT # F01000005697**

1. Entity Name  
**HANSEN HOMES INC. CHISAGO**

Principal Place of Business

**11595 INTERLACHEN RD  
CHISAGO MN 55013**

Mailing Address

**11595 INTERLACHEN RD  
CHISAGO MN 55013**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**11595 Interlachen Rd**

Suite, Apt. #, etc.

3. Mailing Address

**11595 Interlachen Rd**

Suite, Apt. #, etc.

City & State

**Chisago City Mn**

City & State

**Chisago City Mn**

4. FEJ Number

**41-1705845**

Applied For

Not Applicable

Zip

**55013**

Country

**USA**

Zip

**55013**

Country

**USA**

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HANSEN, MARVIN  
950 WEST MAGNOLIA  
CLERMONT FL 34711**

7. Name and Address of New Registered Agent

Name

**Hansen Marvin D.**

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

**950 West Magnolia**

City

**Clermont FL**

FL

Zip Code

**34711**

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

**Marvin D. Hansen**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-14-02**

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, 2002 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	PCD	<input checked="" type="checkbox"/> Delete
NAME	HANSEN, MARVIN D	
STREET ADDRESS	11595 INTERLACHEN RD	
CITY-ST-ZIP	CHISAGO MN	
TITLE	VSTD	<input checked="" type="checkbox"/> Delete
NAME	HANSEN, MARVA M	
STREET ADDRESS	11595 INTERLACHEN RD	
CITY-ST-ZIP	CHISAGO MN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hansen Marvin D	
STREET ADDRESS	11595 Interlachen Rd	
CITY-ST-ZIP	Chisago City Mn 55013	
TITLE	VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hansen Marva M	
STREET ADDRESS	11595 Interlachen Rd	
CITY-ST-ZIP	Chisago City Mn 55013	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Marvin D. Hansen**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-14-02 651-260-4817**

CR2E034 (9/01)