## -2001 UNIFORM BUSINESS REPORT (UBR) May 15, 2001 8:00 am Secretary of State **DOCUMENT # F36079** 05-15-2001 90048 018 \*\*\*150.00 HANSON, WALTER & ASSOCIATES, INC. Principal Place of Business Mailing Address 400 W EMMETT ST 400 W EMMETT ST **^UUUDD433** KISSIMMEE FL 34741-5481 KISSIMMEE FL 34741-5481 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2109485 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - = 6." Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent Name WALTER, LARRY W Street Address (P.O. Box Number is Not Acceptable) 400 W EMMETT ST KISSIMMEE FL 34741 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition TITLE ☐ Delete TITLE HANSON, RANDY K. NAME NAME STREET ADDRESS 1760 EL DORADO COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. CLOUD FL SPD ☐ Change Addition TITLE ☐ Delete TITLE WALTER LARRY W. NAME NAME 3851 CITRUS STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE KISSIMMEE FL TITLE ☐ Delete TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 suppliemental 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 of 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 th an address, with all oth changed, or on an attachment

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7/P

CITY-ST-ZIP

☐ Delete

☐ Delete

☐ Change

Addition

☐ Addition

CR2E034 (10/00)