

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90104 006 ***550.00

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DOCUMENT # F97000006873

1. Entity Name
HANSEN PROPERTIES, INC. OF PA.



Principal Place of Business
**1401 MORRIS RD.
BLUE BELL PA 19422
US**

Mailing Address
**1401 MORRIS RD.
BLUE BELL PA 19422
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 **23-2707267**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HANSEN, ELMER F JR
234 BARBADOS DRIVE
JUPITER FL 33458**

7. Name and Address of New Registered Agent

Name **Dennis Hansen**
Street Address (P.O. Box Number is Not Acceptable)
12058 82ND Lane North
City **West Palm Beach** FL Zip Code **33412**

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 *Dennis Hansen* DATE 7/20/03
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	HANSEN, ELMER F JR	
STREET ADDRESS	234 BARBADOS DRIVE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHERMAN, DAVID S	
STREET ADDRESS	1401 MORRIS RD.	
CITY-ST-ZIP	BLUE BELL PA 19422	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HANSEN, III E	
STREET ADDRESS	1401 MORRIS RD.	
CITY-ST-ZIP	BLUE BELL PA 19422	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1401 MORRIS RD.	
CITY-ST-ZIP	BLUE BELL, PA 19422	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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: *David S. Sherman* **8-21-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/03)