

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90159 003 ***150.00

DOCUMENT # F99000001745

1. Entity Name

~~WISCONSIN DISTRIBUTORS, INC.~~ Name Change, Sa

Principal Place of Business

Mailing Address

2921 SUENE RD.
MADISON WI 53713

2921 SUENE RD.
MADISON WI 53713-3205

2. Principal Place of Business

2500 Main St.

3. Mailing Address

2500 Main St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Myers Beach, FL

City & State

Ft. Myers Beach, FL

Zip

33931

Country

Lee

Zip

33931

Country

Lee

4. FEI Number

39-1452362

Applied For

Not Applicable

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

HANSON, MATTHEW
2500 MAIN STREET
FORT MYERS BEACH FL 33931

Name Hanson Marine Properties, Inc.

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

2500 Main St

City Fort Myers Beach

FL

Zip Code 33931

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

Matthew Hanson

Matthew Hanson

3/11/00

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 Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CPT ☐ Delete
NAME HANSON, DARRELL
STREET ADDRESS 2871 BIBLE CAMP RD.
CITY-ST-ZIP MCFARLAND WI 53558

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VVS ☐ Delete
NAME HANSON, ROBERTA
STREET ADDRESS 2871 BIBLE CAMP RD
CITY-ST-ZIP MCFARLAND WI 53558

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HANSON, MATTHEW
STREET ADDRESS 8813 STOCKBRIDGE
CITY-ST-ZIP FORT MYERS FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Matthew Hanson MATTHEW HANSON 3/11/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)