

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90085 001 ***150.00

0616568 AV

DOCUMENT # G01874

1. Entity Name

GEORGE R. HAUSER, INC.

Principal Place of Business

**7037 S TAMiami TR
SARASOTA FL 34231**

Mailing Address

**7037 S TAMiami TR
SARASOTA FL 34231**

2. Principal Place of Business

**7709 Weeping Willow Cir.
Suite, Apt. #, etc.**

3. Mailing Address

**7709 Weeping Willow Cir.
Suite, Apt. #, etc.**

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

59-2227671

Applied For

Not Applicable

Zip

34241

Country

USA

Zip

34241

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HAUSER, GEORGE R.
8021 MIDNIGHT PASS RD
SARASOTA FL 34242**

7. Name and Address of New Registered Agent

Name **Hauser, George R.**
Street Address (P.O. Box Number is Not Acceptable)
7709 Weeping Willow Cir.
City **Sarasota** FL Zip Code **34241**

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

George R. Hauser

(NOTE: Registered Agent signature required when reinstating)

1-7-02

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, 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	PST	<input type="checkbox"/> Delete
NAME	HAUSER, GEORGE R.	
STREET ADDRESS	8021 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAUSER, GEORGE R.	
STREET ADDRESS	8021 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA FL	
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	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hauser, George R.	
STREET ADDRESS	7709 Weeping Willow Cir.	
CITY-ST-ZIP	Sarasota, FL 34241	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hauser, George R.	
STREET ADDRESS	7709 Weeping Willow Cir.	
CITY-ST-ZIP	SARASOTA, FL 34241	
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:

George R. Hauser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-02 (941) 923-4030

Date

Daytime Phone #

CR2E034 (9/01)