

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90545 004 ***150.00

0662031 AB

DOCUMENT # L32735

1. Entity Name

HANOVER LAND CORPORATION



Principal Place of Business

121 LITTELL DRIVE

RT 18

ALIQUIPPA PA 15001

US

Mailing Address

121 LITTELL DRIVE

RT 18

ALIQUIPPA PA 15001

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

59-2981539

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

LITTELL, JOHN T DR.
2284 JESSICA LANE
KISSIMMEE FL 34744

*ADDRESS
CHANGE →*

7. Name and Address of New Registered Agent

Name

LITTELL, JOHN T. DR

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

2392 STARBOARD COVE

City

KISSIMMEE

FL

Zip Code

34746

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **DPS** ☐ Delete
NAME **LITTELL, WILLIAM A. JR**
STREET ADDRESS **121 LITTELL DRIVE, RT 18**
CITY-ST-ZIP **ALIQUIPPA PA 15001**

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

TITLE **T** ☐ Delete
NAME **LITTELL, WILLIAM A. JR**
STREET ADDRESS **121 LITTELL DRIVE, RT 18**
CITY-ST-ZIP **ALIQUIPPA PA 15001**

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

TITLE ☐ Delete
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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:

William A. Littell, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03 631-874-3533

Date

Daytime Phone #

CR2E034 (10/02)