


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90076 033 \*\*\*150.00

**DOCUMENT #** M89055

**1. Entity Name**  
MARK HANSEN, INC.



**Principal Place of Business**  
815 ORIENTA AVE  
STE 1050  
ALTAMONTE SPRINGS FL 32701  
US

**Mailing Address**  
259 NEW WATERFORD PL  
LONGWOOD FL 32779  
US



**2. Principal Place of Business**

Suite, Apt. #, etc.  
City & State  
Zip Country

**3. Mailing Address**  
815 ORIENTA AVE  
Suite, Apt. #, etc.  
SUITE 1050  
ALTAMONTE SPRINGS, FL  
City & State  
Zip Country  
32701

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** 59-2897709

☐ Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

HANSEN, MARK  
815 ORIENTA AVE  
STE 1050  
ALTAMONTE SPRINGS FL 32701

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSEN, MARK 259 NEW WATERFORD PLACE LONGWOOD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B15 ORIENTA AVE., SUITE 1050 ALTAMONTE SPRINGS, FL. 32701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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**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 the address with all other like empowered.**

**SIGNATURE:**  **2/4/03** **407-834-2444**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)