

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 18 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # M99000001881

1. Entity Name

HANOVER, L.L.C.

Principal Place of Business

1118 FIRST STREET, STE 200  
SNOHOMISH WA 98290

Mailing Address

1118 FIRST STREET, STE 200  
SNOHOMISH WA 98290-2974

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

59-3605374

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCARTNEY, STAFFORD  
1838 KEL LANE  
MIDDLEBURG FL 32068

Name

Street Address (P.O. Box Number is Not Acceptable)  
7167 Old Kings Rd

City Jacksonville

FL

32219

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. ~~Stafford McCartney~~ MEMBERS/MEMBERS

TITLE NAME  
STAFFORD MCCARTNEY - Managing Member  
STREET ADDRESS  
7167 Old Kings Rd  
CITY- ST- ZIP  
Jacksonville, FL 32219

TITLE NAME  
DAVID LAWRENCE - Member ☐ Delete  
STREET ADDRESS  
1118 First St.  
CITY- ST- ZIP  
Snohomish, WA 98290

TITLE NAME  
JON HEMINGWAY - Member ☐ Delete  
STREET ADDRESS  
1118 First St  
CITY- ST- ZIP  
Snohomish, WA 98290

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP  
100003289601--0  
-06/14/00--01102--001  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2 3011 (6/99)