2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 19, 2001 8:00 am § Secretary of State DOCUMENT # N0000000051 1. Entity Name HANSEN-BAYS, INC. 03-19-2001 90024 014 ****61 25 Principal Place of Business Mailing Address P.O. BOX 61343 5546 TENTH AVENUE FT. MYERS FL 33906-1343 FT. MYERS FL 33907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-69 78389 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) CARLSON, RAY PAUL 5546 TENTH AVENUE FT. MYERS FL 33907 Zip Code FL 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 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE TITLE ☐ Change ☐ Addition CARLSON, RAY PAUL NAME NAME STREET ADDRESS STREET ADDRESS 5546 TENTH AVENUE CITY-ST-ZIP CITY-ST-7IP FT. MYERS FL 33907 TITLE □ Delete TITLE Change ☐ Addition PACIOUS, MARY ANNE NAME NAME **5546 TENTH AVENUE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33907 ☐ Addition ☐ Delete TITLE Change CARLSON, DON-PAUL-NAME NAME 16307 HORIZON ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NORTH FT. MYERS FL 33917 TITLE Change ☐ Addition TITLE ☐ Delete Meekhann McBride, Ruthann MCBRIDE, RUTHANN NAME NAME 5180 Harborage STREET ADDRESS STREET ADDRESS 10690 GOODWIN ST. Fort Myers FL 33908 CITY-ST-ZIP **BONITA SPRINGS FL 34135** CITY-ST-7IP. ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

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