NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90440 045 ****61.25

DOCUMENT #

1. Entity Name
N00000000051
HANSEN-BAYS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5546 Tenth Avenue
Suite, Apt. #, etc.
City & State: Fort Myers FL
Zip: 33907 Country: US

3. Mailing Address
P.O. Box 61343
Suite, Apt. #, etc.
City & State: Fort Myers, FL
Zip: 33906 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 650968389 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Ray Paul Carlson
Street Address (P.O. Box Number is Not Acceptable): 5546 Tenth Avenue
City: Fort Myers FL Zip Code: 33907

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

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carlson, Ray Paul 5546 Tenth Avenue Fort Myers, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pacious, Mary Anne 5235-1 Cedarbend Drive Fort Myers, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carlson, Don Paul 16307 Horizon Road North Fort Myers, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	McBride, Ruthann 5180 Harborage Drive Fort Myers, FL 33908
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CR2E037B (12/01)

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4.21.02 (239) 994-4563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #