

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90046 015 \*\*\*\*70.00

DOCUMENT # N97000001920

1. Entity Name

**J. HANS ENTERPRISES CORP.**

Principal Place of Business

Mailing Address

8830 S.W. 200TH CIRCLE  
 DUNNELLON FL 34431

8830 S.W. 200TH CIRCLE  
 DUNNELLON FL 34431-5326

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

**59-3443690**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

**706236**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HANS, JOSEPH F**  
**8830 S.W. 200TH CIRCLE**  
**DUNNELLON FL 34431**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*1-13-00*

**FILE NOW:**  
**FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: <input type="checkbox"/> Delete NAME: <b>HANS, JOSEPH J</b> STREET ADDRESS: <b>8830 S.W. 200TH CIRCLE</b> CITY-ST-ZIP: <b>DUNNELLON FL 34431</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete NAME: <b>HANS, JOANNE H</b> STREET ADDRESS: <b>8830 S.W. 200TH CIRCLE</b> CITY-ST-ZIP: <b>DUNNELLON FL 34431</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete NAME: <b>HANS, JOSEPH F</b> STREET ADDRESS: <b>8830 SW 200TH CIRCLE</b> CITY-ST-ZIP: <b>DUNNELLON FL 34431</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
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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 617, 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:

*SIGNATURE REQUIRED*

*1-13-2000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)