

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90226 037 ***150.00

0371897 AV

DOCUMENT # P00000032923

1. Entity Name

HANSEN'S AIR CONDITIONING, INC.

Principal Place of Business

**3774 N.W. 3RD AVE.
 BOCA RATON FL 33431**

Mailing Address

**3774 N.W. 3RD AVE.
 BOCA RATON FL 33431**

2. Principal Place of Business

1200 N.W. 19th Ter

Suite, Apt. #, etc.

3. Mailing Address

1200 N.W. 19th Ter

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Delray Beach, FL

City & State

Delray Beach, FL

4. FEI Number

65-0993371

Applied For

Not Applicable

Zip

33445

Country

USA

Zip

33445

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HANSEN, CAROL

3774 N.W. 3RD AVE.

BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

CAROL HANSEN (ADDRESS CHANGE ONLY - NOT A NAME CHANGE)

Street Address (P.O. Box Number is Not Acceptable)

1200 N.W. 19th Terrace

City

Delray Beach,

FL

Zip Code

33445

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

Carol Hansen, President

CAROL HANSEN

2/23/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **HANSEN, CAROL**
 STREET ADDRESS **3774 N.W. 3RD AVE.**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **D** ☐ Delete
 NAME **HANSEN, ERIC N**
 STREET ADDRESS **3774 N.W. 3RD AVE.**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **ADDRESS**
 STREET ADDRESS **1200 N.W. 19th Terrace**
 CITY-ST-ZIP **Delray Beach, FL 33445**

TITLE ☒ Change ☐ Addition
 NAME **ADDRESS**
 STREET ADDRESS **1200 NW 19th Terrace**
 CITY-ST-ZIP **Delray Beach, FL 33445**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carol Hansen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/02 561-330-3534

Date

Daytime Phone #

CR2E034 (9/01)