

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-12-2001 90467 036 ***150.00

DOCUMENT # P00000038571

1. Entity Name
HANSON'S SALES, INC.

Principal Place of Business: 5152 COQUINA CIRCLE, NEW PORT RICHEY FL 34653
Mailing Address: 23 EAST TARPON AVE., TARPON SPRINGS FL 34689



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: **59-3639443**
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**KLIMIS, GEORGE N
23 EAST TARPON AVE.
TARPON SPRINGS FL 34689**

7. Name and Address of New Registered Agent
Name: **NORMAN J. HANSON**
Street Address (P.O. Box Number is Not Acceptable): **5152 COQUINA CIRCLE**
NEW PORT RICHEY FL 34653

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]* DATE: **3/7/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	<input type="checkbox"/> Delete
NAME: HANSON, JACQUELINE A	
STREET ADDRESS: 5014 SERENE SQUARE	
CITY-ST-ZIP: NEW PORT RICHEY FL 34653	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:	Jeffrey Hanson
STREET ADDRESS:	1747 Bellard Street
CITY-ST-ZIP:	New Port Richey, FL 34653
TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:	Michael Hanson
STREET ADDRESS:	1133 Clendenden Road
CITY-ST-ZIP:	Maryville, Indiana 47801
TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:	Rick Hanson
STREET ADDRESS:	251 Blackthorn Court
CITY-ST-ZIP:	Round Lake, Illinois 60073
TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:	NORMAN J. HANSON
STREET ADDRESS:	5152 COQUINA CIRCLE
CITY-ST-ZIP:	NEW PORT RICHEY FL 34653
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* DATE: **3/7/01** (127) 992-5937
Daytime Phone #

CR2E034 (10/00)