

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90017 027 ***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.

3. Mailing Address
5152 Coquina Circle
 Suite, Apt. #, etc.

City & State
New Port Richey, FL

Zip Country
34653 US

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

HANSON, NORMAN J
~~5152 COQUINA CIRCLE~~
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
5152 COQUINA CIRCLE
 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 (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	<input type="checkbox"/> Delete
NAME	HANSON, JACQUELINE A	
STREET ADDRESS	5014 SERENE SQUARE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	P	<input type="checkbox"/> Delete
NAME	HANSON, JEFFREY	
STREET ADDRESS	7747 WELAND STREET	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HANSON, MICHAEL	
STREET ADDRESS	1133 CLENDONDEN ROAD	
CITY-ST-ZIP	MARYVILLE TN 37801	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HANSON, RICK	
STREET ADDRESS	251 BLACKTHAN COURT	
CITY-ST-ZIP	ROUND LAKE IL 60073	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANSON, NORMAN J	
STREET ADDRESS	5152 COQUINA CIRCLE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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: **Norman J. Hanson** 4/26/02 727 534-9818
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)