

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.

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

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** ☐ Delete
NAME **HANSON, JACQUELINE A**
STREET ADDRESS **5014 SERENE SQUARE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **P** ☐ Delete
NAME **HANSON, JEFFREY**
STREET ADDRESS **7747 WELLAND STREET**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **VP** ☐ Delete
NAME **HANSON, MICHAEL**
STREET ADDRESS **1133 CLENDONEN ROAD**
CITY-ST-ZIP **MARYVILLE TN 37801**

TITLE **ST** ☐ Delete
NAME **HANSON, RICK**
STREET ADDRESS **251 BLACKTHAN COURT**
CITY-ST-ZIP **ROUND LAKE IL 60073**

TITLE **D** ☐ Delete
NAME **HANSON, NORMAN J**
STREET ADDRESS **5152 COQUINA CIRCLE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/02

Daytime Phone #

727

534-9818

CR2E034 (9/01)