

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 20, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90322 007 \*\*\*150.00

**DOCUMENT # P01000003941**

1. Entity Name  
**HANIE, INC.**

Principal Place of Business  
 PO BOX 20246  
 ST PETERSBURG FL 33742-0246

Mailing Address  
**PMB 154**  
~~PO BOX 20246~~  
~~ST PETERSBURG FL 33742-0246~~  
**16057 Tampa Palms Blvd**  
**Tampa FL 33647-**

41824



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**16057 Tampa Palms Blvd W**  
 Suite, Apt. #, etc.  
**PMB 154**

3. Mailing Address  
**16057 Tampa Palms Blvd W**  
 Suite, Apt. #, etc.  
**PMB 154**

City & State  
**Tampa FL**

City & State  
**Tampa FL**

4. FEI Number  
**59-3689358**

Applied For  
 Not Applicable

Zip Country  
**33647-2001 US**

Zip Country  
**33647-2001 US**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HANIE, SAMUEL M**  
**11400 4TH STREET NORTH #201**  
**ST PETERSBURG FL 33710**

**15350 Amberly Dr #2611**  
**Tampa, FL 33647**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**15350 Amberly Dr APT 2611**  
 City **Tampa** FL Zip Code **33647**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Samuel M Hanie*

7-20-02

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	DP <b>HANIE, SAMUEL M</b> <b>PO BOX 20246</b> <b>ST PETERSBURG FL 33742-0246</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-02 727 410 3002

Date

Daytime Phone #

CR2E034 (4/02)

Attachment PO1000003941

PO Box 20246  
St Petersburg, FL 33716

[Redacted]  
41824

Hanie, Inc.

July 18, 2002

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam:

This serves as notice that the corporation did not receive any prior notice of the Uniform Business Report Filings and we are enclosing the regular fee of \$150.00.

Sincerely,

  
Sam Hanie  
Owner

[Click here and type slogan]