## 2003 FOR PROFIT CORPORATION

## May 01, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** P01000012696 DOCUMENT # 05-01-2003 90999 029 \*\*\*150.00 1. Entity Name HANNIFIN & ASSOCIATES, INC. Principal Place of Business Mailing Address T. 17 1. 16 14. 1300 CORPORATE GR 13941 BARBERRY COURT #105 C WELLINGTON FL 33414 WELLINGTON FL 33414 2. Principal Place of Business 3. Mailing Address <u> 300</u> Suite, Apt. #, etc Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 1050 City & State City & State 4. FEI Number Applied For 65-1070769 Not Applicable Zip Country Country \$8.75 Additional $\Box$ 5. Certificate of Status Desired Fee Required -- 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HANNIFIN, MARK Street Address (P.O. Box Number is Not Acceptable) 13941 BARBERRY COURT WELLINGTON FL 33414 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete Change HANNIFIN, MARK NAME NAME 13941 BARBERRY COURT 1952 STREET ADDRESS STREET ADDRESS WELLINGTON FL 33414 CITY-ST-ZIP CITY-ST-ZIP TIŤLE VTD ☐ Delete TITLE NAMÉ HANNIFIN, STARRR NAME STREET ADDRESS 13941 BARBERRY COURT STREET ADDRESS CITY-ST-ZIP WELLINGTON FL 33414 CITY-ST-ZIP Delete TITLE ☐ Addition-NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Delete

FILED

Addition