

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90338 029 ***150.00

DOCUMENT # P01000033925

1. Entity Name
HANSEN & VERONA, INC.



Principal Place of Business
**259 NEW WATERFORD PLACE
LONGWOOD FL 32779**

Mailing Address
**259 NEW WATERFORD PLACE
LONGWOOD FL 32779**

2. Principal Place of Business
5220 SHORELINE CIRCLE

3. Mailing Address
5220 SHORELINE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LAKE FOREST, FL

City & State
LAKE FOREST

4. FEI Number **59-3706013**

Applied For
Not Applicable

Zip **32771** Country

Zip **32771** Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HANSEN, MARK A
259 NEW WATERFORD PLACE
LONGWOOD FL 32779**

Name

Street Address (P.O. Box Number is Not Acceptable)
5220 SHORELINE CIRCLE

City **LAKE FOREST**

FL

Zip Code **32771**

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **HANSEN, MARK A**
STREET ADDRESS **259 NEW WATERFORD PLACE**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Change ☐ Addition
NAME **5220 SHORELINE CIRCLE**
STREET ADDRESS **LAKE FOREST, FL 32771**
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **HANSEN, CATHLEEN A**
STREET ADDRESS **259 NEW WATERFORD PLACE**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Change ☐ Addition
NAME **5220 SHORELINE CIRCLE**
STREET ADDRESS **LAKE FOREST, FL 32771**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03

Date

407-774-5644

Daytime Phone #

CR2E034 (10/02)