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FILED
Apr 28, 2002 8:00 am
Secretary of State
04-01-2002 90003 022 ***150.00

25502

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000084456

1. Entity Name
HANNAH STANLEY, INC.

Principal Place of Business	Mailing Address
~~407 CEDAR ST.~~ DESTIN FL 32541	~~407 CEDAR ST.~~ DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1050 Hwy. 98 E	1050 Hwy. 98 E.
Suite, Apt. #, etc. 1201 E	Suite, Apt. #, etc. 1201 E
City & State Destin, FL	City & State Destin FL
Zip 32541 Country Okaloosa	Zip 32541 Country Okaloosa

4. FEI Number 59-3744145 ☐ Applied For ☐ Not Applicable

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
MCGILL, ROBERT E III 36008 EMERALD COAST PKWY., STE. 301 DESTIN FL 32541	Name Hannah Stanley Street Address (P.O. Box Number is Not Acceptable) 1050 Hwy 98 E #1201E City Destin FL Zip Code 32541

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 Hannah Stanley Hannah Stanley 3-21-02
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 $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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director/secretary ☐ Delete Hannah Stanley 1050 Hwy 98 E. #1201E Destin, FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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: Hannah Stanley RED 3-21-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #