## 2002 Uniform Business Report (UBR)

SIGNATURE:

## May 01, 2002 8:00 am Secretary of State DOCUMENT# P01000087497 1. Entity Name 04-02-2002 90927 013 \*\*\*150.00 CENTURY 21 HANSEN REALTY II, INC. Principal Place of Business Mailing Address WILTON PLAZA SUITE 95 WILTON PLAZA SUITE 95 1881 NE 26TH STREET 1881 NE 26TH STREET WILTON MANORS FL 33305 WILTON MANORS FL 33305 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLACKE, LAWRENCE E Street Address (P.O. Box Number is Not Acceptable) 3326 NE 33RD STREET FORT LAUDERDALE FL 33308 Zip Code City 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 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. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 PSD TITLE ☐ Addition TITLE Change Change CR2E034 (9/01 Delete NAME HANSEN, CHRISTINE NAME 1881 NE 26TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WILTON MANORS FL 33305 CiTY-ST-71P ☐ Delete TITLE ☐ Change Addition VTD NAME GUDIE, DONALD NAME STREET ADDRESS STREET ADDRESS 1881 NE 26TH STREET CITY-ST-ZIP CITY-ST-ZIP WILTON MANORS FL 33305 TITLE ☐ Change ☐ Addition HILE. ☐ Delete NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 of 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 frusteel empowered to effectly this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

**FILED**