2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000121948

1. Entity Name
MARK J. HANNA, P.A.

Principal Place of Business	Mailing Address
2424 N FEDERAL HWY. STE 260	2424 N FEDERAL HWY. STE 260
BOCA RATON FL 33139	BOCA RATON FL 33139

2. Principal Place of Business
555 N. CONGRESS AVE

Suite, Apt. #, etc.
301

City & State
BOYNTON BEACH FL

Zip 33426   Country USA

3. Mailing Address
555 N. CONGRESS AVE

Suite, Apt. #, etc.
301

City & State
BOYNTON BEACH FL

Zip FL 33426   Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0555015   Applied For / Not Applicable

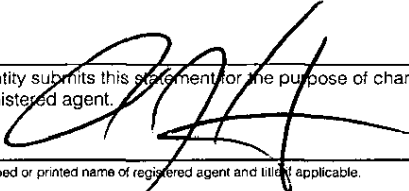**5. Certificate of Status Desired** ☐   **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 4 ST, #200
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name MARK J. HANNA

Street Address (P.O. Box Number is Not Acceptable)
WASHINGTON MUTUAL BANK BLDG.
555 N. CONGRESS AVE, SUITE 301

City BOYNTON BEACH   FL   Zip Code 33426

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 _____   4-1-03

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

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10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE **D**	HANNA, MARK J	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	2424 N FEDERAL HWY, STE 260		NAME			
STREET ADDRESS	BOCA RATON FL 33139		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			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			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			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			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			

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.

738-1104

SIGNATURE: SIGNATURE REQUIRED   4-1-03   561-330-2705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (10/02)