

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90368 024 ***150.00

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DOCUMENT # P02000065563

1. Entity Name

HANNA & SONS, INC.



Principal Place of Business

11247 SAN JOSE BLVD APT 101
JACKSONVILLE FL 32223

Mailing Address

11247 SAN JOSE BLVD APT 101
JACKSONVILLE FL 32223

2. Principal Place of Business

6120-Y POWERS AVE

3. Mailing Address

6120-Y POWERS AVE

Suite, Apt. #, etc.

JACKSONVILLE FL.

Suite, Apt. #, etc.

JACKSONVILLE FL.

City & State

City & State

Zip

32217

Country

DUVAL

Zip

32217

Country

DUVAL

4. FEI Number

33-1010140

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HANNA, JOANNA

11247 SAN JOSE BLVD APT 101

JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE: PRESIDENT
NAME: JOANNA HANNA
STREET ADDRESS: 4378 MORNING DOVE DR.
CITY-ST-ZIP: JACKSONVILLE FL 32217

☐ Delete

TITLE: V.P.
NAME: SANKAS ABOVE
STREET ADDRESS: SANKAS ABOVE
CITY-ST-ZIP: SANKAS ABOVE

☐ Delete

TITLE: Sec.
NAME: SANKAS ABOVE
STREET ADDRESS: SANKAS ABOVE
CITY-ST-ZIP: SANKAS ABOVE

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TITLE: TRK.
NAME: SANKAS ABOVE
STREET ADDRESS: SANKAS ABOVE
CITY-ST-ZIP: SANKAS ABOVE

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TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE:
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STREET ADDRESS:
CITY-ST-ZIP:

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NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/04/03

Date

Daytime Phone #

CR2E034 (10/02)