## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## FILED Feb 26, 2003 8:00 am Secretary of State

| <u>UI</u>                     | HIFURM BUSIN   | E22                  | KEPOR                  | T (               | UBR)                      |               | -              |                                   | 20            | , <b>4</b> U           |  | <b>0.</b> 0          | o am                            | L             |
|-------------------------------|--|----------------------|------------------------|-------------------|---------------------------|---------------|----------------|-----------------------------------|---------------|------------------------|--|----------------------|---------------------------------|---------------|
| DOC                           | JMENT # <b>P020</b>  | 0010                 | 5234-~                 |                   | THE ST                    |               | - 1            | Se                                | cre           | tar                    | y ot   | Sta                  | ate                             |               |
| 1. Entity Na                  | ame  |                      | 0207                   |                   |                           |               |                |                                   | 2-26-20       |                        |  |                      |                                 |               |
| HANNAI                        | H'S GARAGE DOOR CO.  |                      |                        |                   |                           |               |                |                                   |               |                        |  |                      |                                 |               |
|                               |  |                      |                        |                   |                           |               |                |                                   |               |                        |  |                      |                                 |               |
| Principal Pla                 | ace of Business  |                      |                        |                   | SO WE                     |               |                |                                   |               |                        |  |                      |                                 |               |
| 59 RIDGEW                     |  | _                    | Address GEWOOD DRIVE   |                   |                           |               |                |                                   |               | ı                      |  |                      |                                 |               |
|                               | VILLE FL 32327   |                      | CRAWFORDVILLE FL 32327 |                   |                           |               |                |                                   |               |                        |  |                      |                                 |               |
|                               |  |                      |                        |                   |                           | - }           | 11             | <b>i e</b> (a <b>a a</b> a a) ( a | <b>   </b>    | <br>Piri Banu Ba       |  | <b>81 81118</b> 1187 | <b>10</b> 11161 W.W. <b>780</b> | 1             |
| 2 Principal                   | Place of Business  | T                    |                        |                   |                           |               | H              |                                   |               |                        |  |                      |                                 | يتد ا         |
|                               | Adacwood Dy  |                      | 59 Ridgewood Dr        |                   |                           | Ì             | 111            |                                   | 2110 11011 01 | INK UNKN <b>11</b><br> |  | <b>ai bina 718</b> 1 |                                 | -             |
| Suite, Ap                     |  |                      | Suite, Apt. #, etc.    |                   |                           |               |                |                                   |               |                        |  | تعنيري               |                                 |               |
| 12                            |  |                      |                        |                   |                           |               |                |                                   | CHECK H       | ERE IF N               | MAKING G                                     | CHANGES              | S                               |               |
| City & St                     | l'odville FL   | City 8               | State                  | 1.1               | 1 1                       |               | 4. FEI Nu      |                                   |               | <del> </del>           | <del>- , - ′ -</del>                         | P                    | Applied For                     | $\neg$        |
| Zip                           | Country  | <u> </u>             | rutore                 | _                 |                           |               | <u>59-</u>     | - <i>35</i>                       | 210           | <u> </u>               |  |                      | lot Applicat                    | le            |
| 3232                          | 7 1454   | ج الإ                | スつつ                    | Coun              | ĬSA                       | 5             | 5. Certific    | ate of St                         | atus-Desi     | red                    |  | <b>8.75</b> Ad       |                                 |               |
|                               | 6. Name and Address of Curren  | t Registered         | Agent                  |                   | 72 L                      |               | 7. Name        |                                   |               | '                      | _ F  | e Requir             | ed                              | _             |
| -                             |  | <del></del>          |                        |                   | Name                      | <u>'</u>      | . Italile      | siu Adu                           | ess of N      | ew negis               | itered Ag                                    | ent                  |                                 | 4             |
|                               | i, grover  |                      |                        |                   | Ot                        |               |                | _                                 | 1             | <u> </u>               |  |                      |                                 |               |
|                               | EWOOD DRIVE  |                      |                        | i                 | Street Addre              | ess (P.O      | ). Box Nur     | nber is N                         | ot Accep      | table)                 |  |                      |                                 |               |
| CRAWFO                        | PRDVILLE FL 32327  | • -                  |                        | <b>-</b> -        | فمرتمست                   | -             |                | ~-4                               |               | -                      | -  | <del></del>          |                                 | $\dashv$      |
|                               |  |                      |                        |                   | City                      | <del></del> - |                |                                   |               |                        |  | Zip Cod              | 10                              | $\dashv$      |
| 8. The above                  | e named entity submits this statement t  | or the nurnos        | e of changing its      |                   |                           |               | <u> </u>       |                                   |               | <u> </u>               | FL   | ,                    |                                 | ╝             |
| the obliga                    | ations of registered agent.  | or the purpos        | se or changing its     | registere         | a onice or reg            | isterea a     | agent, or      | both, in t                        | he State o    | of Florida.            | I am fan                                     | niliar with,         | and accep                       | t             |
| SIĜNATURE                     |  |                      |                        |                   |                           |               |                |                                   |               |                        |  |                      |                                 |               |
| - OIGIVATORE                  | Signature, typed or printed name of registered agen                                | and title if applica | able. (NOTE            | : Registered      | Agent signature rec       | quired wher   | n reinstating) |                                   |               | +                      | DATE.  |                      | <u> </u>                        |               |
| g t .F                        | FILE NOW!!! FEE IS \$150.00  |                      |                        |                   |                           |               | _ [            |                                   |               | -                      |  |                      |                                 | $\dashv$      |
| Afte                          | r May 1, 2003 Fee will be \$550.00   |                      |                        |                   |                           |               |                |                                   | Campaigi      |                        | ng '   | ີ \$5.0              | <b>)0</b> May Be                |               |
|                               | k Payable to Florida Department of   |                      |                        |                   |                           |               |                | must Fur                          | id Contrib    | ution.                 | <u>.                                    </u> | Adde                 | d to Fees                       | -             |
| TITLE                         | OFFICERS AND   | DIRECTORS            | ·                      | 11,               |                           | F             | ADDITION       | IS/CHAN                           | GES TO        | OFFICER                | S AND D                                      | RECTOR               | S IN'1,1                        | $\dashv$      |
| NAME                          | HANNAH, GROVER   |                      |                        |                   | TITLE NAME STREET ADDRESS |               |                |                                   |               |                        |  | Change               | ☐ AddItio                       | [] §          |
| STREET ADDRESS                | 59 RIDGEWOOD DRIVE   |                      |                        |                   |                           |               |                |                                   |               |                        |  |                      |                                 | ١٠٤           |
| CITY-ST-ZIP                   | CRAWFORDVILLE FL 32327   |                      |                        |                   | ST-ZIP                    |               |                |                                   |               |                        |  |                      |                                 | 8             |
| TITLE                         |  |                      | ☐ Delete               | TITLE             |                           |               |                |                                   |               | <u> </u><br>           |  | 1 Change             |                                 | <u>ا</u> يّٰٰ |
| NAME                          |  |                      | _ 50.0.0               | NAME              |                           |               |                |                                   |               |                        | i.   | ] Change             | Addition                        | <u>ا ا</u> ا  |
| STREET ADDRESS<br>CITY-ST-ZIP | · · · · · · · · · · · · · · · · · · ·  |                      |                        |                   | T ADDRESS                 |               |                |                                   |               |                        |  |                      |                                 |               |
| TITLE                         |  |                      |                        | CITY-5            | ST-ZIP                    |               |                |                                   |               |                        | _  |                      |                                 |               |
| NAME                          |  |                      | ☐ Delete               | TITLE             |                           |               |                |                                   |               |                        |  | Change               | ☐ Addition                      | 7             |
| STREET ADDRESS                |  |                      |                        | NAME<br>STREET    | ADDRESS                   |               |                | •                                 |               |                        |  |                      |                                 | 1             |
| CITY-ST-ZIP                   |  |                      |                        | CITY-S            |                           | سيهجي جند     |                | -   —                             | <del></del>   |                        |  |                      | -                               | -             |
| TITLE                         |  |                      | ☐ Delete               | TITLE             |                           |               | <u>.</u>       |                                   | <del>-</del>  | <u> </u>               |  | Change               | Addition                        | -             |
| name<br>Street address        |  |                      |                        | NAME              |                           |               |                |                                   |               |                        |  | Otturigo             | Addition                        |               |
| CITY-ST-ZIP                   | •  |                      |                        |                   | ADDRESS                   |               |                |                                   |               |                        |  |                      |                                 |               |
| TITLE                         |  |                      |                        | CITY-S            | 1-ZIP                     |               |                |                                   |               | <u> </u>               |  |                      |                                 |               |
| NAME                          |  |                      | Delete                 | NAME              |                           |               |                |                                   |               |                        |  | Change               | Addition                        |               |
| STREET ADDRESS                |  |                      |                        |                   | ADDRESS                   |               |                |                                   |               |                        |  |                      |                                 |               |
| CITY-ST-ZIP                   |  |                      |                        | CITY-S            | ı                         |               |                |                                   |               |                        |  |                      | _                               | مِيسَدًا      |
| TTLE                          |  |                      | ☐ Delete               | TITLE             |                           | -             |                | -                                 |               | <del> </del>           |  | Change               | ☐ Addition                      | 1             |
| IAME<br>TREET ADDRESS         |  |                      |                        | NAME              |                           |               |                |                                   |               |                        | _  | تمز                  |                                 |               |
| CITY-ST-ZIP                   |  |                      |                        | STREET<br>CITY-ST | ADDRESS<br>1-7IP          |               |                |                                   |               |                        |  |                      | ,                               |               |
| 2. I hereby co                | ertify that the information supplied with on this report or supplemental report is | this filing doe      | es not qualify for the |                   |                           | Section       | 119.07/2       | Vi) Floris                        | la Ctobut-    | - I E 41               |  |                      |                                 | 1             |
| indicated (                   | OUTUS REDORT OF SUPPLEMENTAL PARAFEIX  | truo and agai        | +                      |                   |                           |               |                | $\kappa \gamma_1 + i \psi i R$    | ·~ viaillit   | មនុស្សមារ ពេក          | a ceruiy II                                  | ratified IIII        | onnation                        | 1             |

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 joath; that I am an officer or director 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

2-21-63

850-4121-0106 Daytime Phone #