

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-26-2003 90165 009 ***150.00

DOCUMENT # P02000105234

1. Entity Name

HANNAH'S GARAGE DOOR CO.



Principal Place of Business

59 RIDGEWOOD DRIVE
CRAWFORDVILLE FL 32327

Mailing Address

59 RIDGEWOOD DRIVE
CRAWFORDVILLE FL 32327

2. Principal Place of Business

59 Ridgewood Dr

Suite, Apt. #, etc.

FL

Crawfordville FL

Zip

32327

Country

USA

3. Mailing Address

59 Ridgewood Dr

Suite, Apt. #, etc.

FL

Crawfordville FL

Zip

32327

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3521093

Applied For

Not Applicable

5. Certificate of Status-Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HANNAH, GROVER

59 RIDGEWOOD DRIVE

CRAWFORDVILLE FL 32327

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
HANNAH, GROVER
59 RIDGEWOOD DRIVE
CRAWFORDVILLE FL 32327

☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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: BRUCE RATHANNAH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-03

Date

850-421-0106

Daytime Phone #

CR2E034(10/02)