FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90821 049 ***150.00

DOCUMENT # P02000129970

1. Entity Name
HANNAY & ASSOCIATES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1767 LAKEWOOD RANCH BLVD	1767 LAKEWOOD RANCH BLVD,
Suite, Apt. #, etc.: # 176	Suite, Apt. #, etc.: # 176
City & State: BRADENTON, FL	City & State: BRADENTON, FL
Zip: 34211 Country: MANATEE	Zip: 34211 Country: MANATEE

DO NOT WRITE IN THIS SPACE

4. FEI Number: 04-3732814 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: McMAHON, RUTH G ESQ
Street Address (P.O. Box Number is Not Acceptable): 22 SOUTH LINKS AVE
SUITE 300
City: SARASOTA FL Zip Code: 34236

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: McMAHON RUTH E ESQ — 4-27-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	AYLIFFE, HANNA G.
STREET ADDRESS	2812 RIVER TRACE CIRCLE
CITY-ST-ZIP	BRADENTON, FL 34208
TITLE	DIRECTOR
NAME	McMAHON, RUTH E
STREET ADDRESS	22 SOUTH LINKS AVE #300
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: HANNA G. AYLIFFE PRESIDENT — 4-27-2003 — 941-748-8301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #