

FILED
May 01, 2003 8:00 am
Secretary of State

ΔV

The seal of the State of Florida is a circular emblem. It features a central figure of a woman, likely representing Justice or Liberty, holding a scale and a sword. The text "GREAT SEAL OF THE STATE OF FLORIDA" is inscribed around the top inner edge, and "IN GOD WE TRUST" is at the bottom.

HASSON ENTERPRISES, INC.

TREASURE ISLAND FL 33706-

TREASURE ISLAND FL 33706

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Not Applicable

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

7. Name and Address of New Registered Agent

MCLEOD, PHILIP A
300 FIRST AVENUE SOUTH
SUITE 401
ST. PETERSBURG FL 33701

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, 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

OFFICERS AND DIRECTORS

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	P	<input type="checkbox"/> Deleted
NAME	HASSON, ROBERT, JAMES	
STREET ADDRESS	10308 PARADISE BLVD	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	ST	<input type="checkbox"/> Deleted
NAME	HASSON, JULIA, H	
STREET ADDRESS	10308 PARADISE ISLAND	
CITY - ST - ZIP	TREASURE ISLAND FL 33706	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST. - ZIP	

TITLE	VP	<input type="checkbox"/> Delete
NAME	HASSON, ROBERT, JULIAN	
STREET ADDRESS	8511 KING ST	
CITY-ST-ZIP	SEMINOLE FL 34642	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	VP	<input type="checkbox"/> Delete
NAME	HASSON, JAMES, A	
STREET ADDRESS	6237-28TH AVENUE, NO.	
CITY-ST-ZIP	ST PETERSBURG FL 33710	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	VP	<input type="checkbox"/> Delete
NAME	HASSON, WILLIAM, B	
STREET ADDRESS	6201-28TH AVE NORTH	
CITY - ST - ZIP	ST PETERSBURG FL 33710	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CR2E034 (10/02)