

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2002 8:00 am
Secretary of State

03-15-2002 90006 006 ***150.00

DOCUMENT # P94000011085

1. Entity Name
HANOVER REAL ESTATE SERVICES, INC.

Principal Place of Business

**4710 EISENHOWER BLVD
 SUITE C-1
 TAMPA FL 33634
 HB**

Mailing Address

**4710 EISENHOWER BLVD
 SUITE C-1
 TAMPA FL 33634
 HB**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0481027

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ABRAMS, ALLAN
 4710 EISENHOWER BLVD. C-1
 TAMPA FL 33634**

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.

SIGNATURE

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SHAPIRO, JAMES J.**
STREET ADDRESS **4710 EISENHOWER BLVD. C-1**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☒ Addition
NAME **PRESIDENT**
STREET ADDRESS **KRISTPOHER M HOOVER**
CITY-ST-ZIP **4710 EISENHOWER BLVD SUITE C-1**

TITLE **D** ☐ Delete
NAME **ABRAMS, ALLAN**
STREET ADDRESS **7100 NW 12TH ST., SUITE 103**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Change ☐ Addition
NAME **VICE CHAIRMAN**
STREET ADDRESS **JAMES J SHAPIRO**
CITY-ST-ZIP **TAMPA, FL 33634**

TITLE **D** ☐ Delete
NAME **LLEWELLYN, ROBERTA**
STREET ADDRESS **7100 NW 12TH ST., SUITE 103**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 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

Date

Daytime Phone #

2/15/02

703-736-9400

CR2E034 (9/01)