

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90162 050 ***158.75

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1. Entity Name
HANNA PROPERTIES CORP.

Principal Place of Business
**2515 E. HANNA AVENUE
TAMPA FL 33610
US**

Mailing Address
**P.O. BOX 9658
TAMPA FL 33674-658
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3253940**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WILLIAMSON, LEON A JR
2515 E HANNA AVE
TAMPA FL 33610**

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 ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **VPD** ☐ Delete
NAME **JURADO, JAIME**
STREET ADDRESS **C/O 2515 E. HANNA AVE.**
CITY-ST-ZIP **TAMPA FL 33610**

TITLE **PD** ☐ Delete
NAME **PASETTI, LAWRENCE**
STREET ADDRESS **C/O 2515 E. HANNA AVE.**
CITY-ST-ZIP **TAMPA FL**

TITLE **SD** ☐ Delete
NAME **DAVIDSON, JAMES R**
STREET ADDRESS **C/O 2515 E. HANNA AVE.**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ Delete
NAME **LOCICERO, ANTHONY**
STREET ADDRESS **C/O 2515 E. HANNA AVE.**
CITY-ST-ZIP **TAMPA FL**

TITLE **ATD** ☐ Delete
NAME **SIERRA, FRANK J**
STREET ADDRESS **C/O 2515 E. HANNA AVE.**
CITY-ST-ZIP **TAMPA FL 33610**

TITLE **T** ☐ Delete
NAME **WALKER, FRANKLIN**
STREET ADDRESS **C/O 2515 E HANNA AVE**
CITY-ST-ZIP **TAMPA FL 33610**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ 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: James R. Davidson, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/03 (813)238-5010

Date

Daytime Phone #

CR2E034 (10/02)