

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000018294

1. Entity Name

SUSAN L. HANSEN NOLAN, C.P.A., P.A.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90058 018 ***150.00

Principal Place of Business

2708 MORRISON AVENUE
TAMPA FL 33629

Mailing Address

33 LODGE AVE.
TAMPA FL 33606

2. Principal Place of Business

33 Ladoga Ave

Suite, Apt. #, etc.

3. Mailing Address

33 Ladoga Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-3300399

Applied For

Not Applicable

Zip

33606

Country

USA

Zip

33606

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HANSEN NOLAN, SUSAN L
2708 MORRISON AVENUE
TAMPA FL 33629

7. Name and Address of New Registered Agent

Name

Susan Hayward

Street Address (P.O. Box Number is Not Acceptable)

33 Ladoga Avenue

City

Tampa

FL

Zip Code

33606

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

Susan Hayward

4/18/01

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	HANSEN NOLAN, SUSAN L	
STREET ADDRESS	2708 MORRISON AVENUE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANSEN, LOIS	
STREET ADDRESS	1269 CLEBURNE DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HANSEN, RANDOLPH	
STREET ADDRESS	1269 CLEBURNE DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan Hayward	
STREET ADDRESS	33 Ladoga Avenue	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Hayward	
STREET ADDRESS	33 Ladoga Ave	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Susan Hayward, President 4/18/01 (S13) 229-2321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)