

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90355 003 ***150.00

DOCUMENT # P95000079072

1. Entity Name
HANNA & HANNA, INC.



Principal Place of Business
502 PALM ST
#20
WEST PALM BEACH FL 33401
US

Mailing Address
502 PALM ST
#20
WEST PALM BEACH FL 33401
US

2. Principal Place of Business

Same

3. Mailing Address

6 Van Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jupiter FL 33469

Zip

Country

Zip

Country

4. FEI Number **65-0613055**

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

HANNA, ROBERT
1901 FLORIDA AVE
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name **Robert Hanna**
Street Address (P.O. Box Number is Not Acceptable)
6 Van Rd
Jupiter
City **Jupiter** **FL** Zip Code **33469**

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 **Robert Hanna** **Robert Hanna** **4/29/03**
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

10. OFFICERS AND DIRECTORS

TITLE **STD** ☐ Delete
NAME **HANNA, WALTER**
STREET ADDRESS **2937 VARSITY LANE**
CITY-ST-ZIP **PORT ST LUCIE FL 34953**

TITLE **PD** ☐ Delete
NAME **HANNA, ROBERT**
STREET ADDRESS **1901 FLORIDA AVENUE**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **STD** ☐ Change ☐ Addition
NAME **HANNA WALTER**
STREET ADDRESS **2937 VARSITY LANE**
CITY-ST-ZIP **PORT ST LUCIE FL 34953**

TITLE **PD** ☐ Change ☐ Addition
NAME **HANNA, ROBERT**
STREET ADDRESS **6 Van Rd**
CITY-ST-ZIP **Jupiter FL 33469**

TITLE **VICE PD.** ☐ Change ☐ Addition
NAME **STEPHANIE HANNA**
STREET ADDRESS **6 Van Rd**
CITY-ST-ZIP **Jupiter FL 33469**

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

TITLE ☐ Change ☐ Addition
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: **SIGNATURE REQUIRED** **4/30/03** **561 832 5700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #