

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 25, 2001 8:00 am**  
**Secretary of State**

05-25-2001 90294 040 \*\*\*150.00

**DOCUMENT #** P96000004308  
**1. Entity Name**  
 HANNA CUSTOM DESIGNS, INC. ✓

**Principal Place of Business**      **Mailing Address**  
 240 STEAMBOAT BLVD.      240 STEAMBOAT BLVD.  
 DAVENPORT FL 33837      DAVENPORT FL 33837

**C0070411**

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite; Apt. #, etc.      240 STEAMBOAT BLVD.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

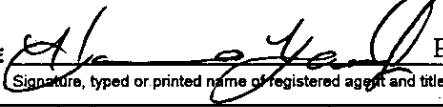
**City & State**      **City & State**      **4. FEI Number**      **Applied For**  
 DAVENPORT, FLORIDA      DAVENPORT, FLORIDA      59-3353237      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 HANNA KAUD  
 240 STEAMBOAT BLVD.  
 DAVENPORT, FL 33837

**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.**

**SIGNATURE**  **PRESIDENT**  
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.**       **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**

<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT</b> HANNA KAUD 240 STEAMBOAT BLVD. DAVENPORT, FL 33837	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**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:**  **PRESIDENT**      **4/20/01**      **863-424-7348**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (11/00)