

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

DOCUMENT #

1. Entity Name

P97000006464

HANNA FINANCIAL GROUP INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 OCT 30 PM 3:40

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

3590 FRED GEORGE COURT 3590 FRED GEORGE COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TALLAHASSEE FL

City & State

TALLAHASSEE FL

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

32303

Zip

Country

32303

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

DONALD HANNA

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

3590 FRED GEORGE COURT

City

TALLAHASSEE

FL

Zip Code

32303

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	D R.G. HANNA 3590 FRED GEORGE COURT TALLAHASSEE FL 32303
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-02 (850) 562-4671

Date

Daytime Phone #

CR2E034B (12/01)

MANAGER,  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

DEAR SIR:

ON APRIL 7, 2002, I SENT A CHECK, NUMBER 5027, FOR THE  
ANNUAL FEES FOR DOCUMENTS P97000006464 & P-0100010834.

ON APRIL 20, 2002, YOUR OFFICE RETURNED THE CHECK TO ME  
DUE TO THE FILING STATEMENT NOT BEING SUBMITTED WITH THE  
CHECK.

I COMPLETED THE FORMS & RETURNED THE ORIGINAL CHECK  
& COMPLETED FORMS.

I DID NOT TAKE ACTION ON THE 2<sup>ND</sup> NOTICE AS I KNEW  
THE CHECK HAD BEEN SENT ALONG WITH THE FILING STATEMENTS  
CURRENTLY, YOUR OFFICE APPARENTLY NOT RECEIVED THE  
FEES & STATEMENT.

I REQUEST A WAIVER OF LATE FEES FOR THESE DOCUMENT  
NUMBERS AND APOLOGISE FOR ANY ERRORS THAT MAY HAVE  
OCCURRED ON OUR PART.

R L Hanna  
Director