

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041714

1. Entity Name

HANNAH BUSINESS VENTURES, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

4868 SHELL STREAM BLVD
Suite, Apt. #, etc.

3. Mailing Address

4868 SHELL STREAM BLVD
Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FL

Zip

34652

Country

City & State

NEW PORT RICHEY FL

Zip

34652

Country

4. FEI Number

59-3445786

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAN PETEGHEM, REGINA
5418 MADISON ST.
NEW PORT RICHEY FL. 34652

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

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!!!

After MAY 1, 2001

Make Check Payable to Department of State

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

PSTD
☐ Delete
VAN PETEGHEM, REGINA
4868 SHELL STREAM BLVD
NEW PORT RICHEY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ 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: Regina Van Peteghem DIRECTOR 4/25/01 727-849-8338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

553561

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)