


# *Amended* **REPORT** **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P97000043973</b>		
1. Entity Name <b>HANZE GOLDEN BEAR, INC.</b>		

Principal Place of Business <b>421 S. GOLDENROD ROAD ORLANDO, FL 32822-8121</b>	Mailing Address <b>421 S. GOLDENROD ROAD ORLANDO, FL 32822-8121</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HANZE, FOLKER J 1710 BILLINGHURST CT ORLANDO, FL 32825</b>		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. I am familiar with, and accept the obligations of registered agent.

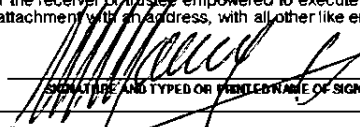
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

<b>FILE NOW!! FEE IS \$160.00</b> After May 1, 2003 Fee will be \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PSD HANZE, FOLKER J 1710 BILLINGHURST CT ORLANDO, FL 32825</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PSD Julio (MMA) HANZE, SR. 9341 SHADW PIVAR DR. ORLANDO, FL 32825</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **12/15/03 (407) 509-1018**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**  
03 DEC 16 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**700025730497**  
12/23/03--01034--019 \*\*\*61.25

☒ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)