2002 Uniform Business Report (UBR)

SIGNATURE!

2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000054000 1. Entity Name HAHN, CO.					FILED Mar 18, 2002 8:00 am Secretary of State 03-18-2002 90047 011 ***150.00			
Principal Place of Business 465 PINELLAS BAYWAY SO APT 302 TIERRA VERDE FL 33715-1988 US Mailing Address 465 PINELLAS BAYWAY SO APT 302 TIERRA VERDE FL 33715-1988 US								
2. Principal P	Place of Business	3. Mailing Address				B 99 91	(00 211 4011 1001	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPACE		
City & Stat	e	City & State	 _	4 , F	59-3453345	─	Applied For Not Applicable	}
Zip ,	Country	Zip	Country		Certificate of Status Desired	. □ \$8.75 A Fee Requi	dditional_ red	[
	6. Name and Address of Current Re	gistered Agent		7. N	lame and Address of New Reg			1
KADI M	SCHMITZ III PA		Name					
KARL M. SCHMITZ, III, P.A. 5219 EHRLICH RD., STE. B			Street Addres	ss (P.O. B	lox Number is Not Acceptable)	_		ł
TAMPA FI	L 33624					-		
			City			FL Zip Co	de	1
Tax filing i	Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!!	FEE IS \$150.00 PEE will be \$550.00 to Department of \$550.00	0	instating) 10. Election Campaign Finan Trust Fund Contribution.		00 May Be	
11.	OFFICERS AND DI		12.	AD	DITIONS/CHANGES TO OFFICE	RS AND DIRECTO		1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAHN, PURA 465 PINELLAS BAYWAY S. #302 TIERRA VERDE FL 33715	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP			[] Change	☐ Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAHN, GARRISON A 465 PINELLAS BAY WY SO APT 30 TIERRA VERDE FL 33715	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP.	1803 TE		[☐ Change	Addition	2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAHN, EDWARD J 465 PINELLAS BAYWAY S #302 TIERRA VERDE FL 33715	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP			[Change	Addition	<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	}
of the cor	certify that the information supplied with the on this report or supplemental report is true poration or the receiver or trustee empower or on an attachment with an address, with	red to execute this report as	required by Chapter (607, Floric	119.07(3)(i), Florida Statutes. I fu egal effect as if made under oat da Statutes; and that my name a	rther certily that the h; that I am an office ppears in Block 11	information er or director or Block 12 if	

PURA (