

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 30, 2000 8:00 am
Secretary of State

06-30-2000 90005 024 ***550.00

DOCUMENT # **P97000058607**
 1. Entity Name
HANNA BROTHERS ENTERPRISES, INC.

Principal Place of Business

Mailing Address

00066927

2. Principal Place of Business
9692 Heather Circle West
 Suite, Apt. #, etc.

3. Mailing Address
3715 Alameda Dr.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Beach Gardens, FL
 Zip **33410** Country **USA**

City & State
Louisville, KY
 Zip **40258-3851** Country **USA**

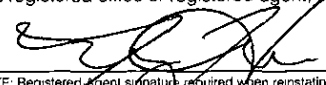
4. FEI Number **65-0791985**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
Gina Brown
725 N. AIA Ste. E 206
Jupiter, FL 33477

7. Name and Address of New Registered Agent
 Name **Jimmy Hanna**
 Street Address (P.O. Box Number is Not Acceptable)
3715 Alameda Dr.
 City **Louisville, KY** ~~FL~~ Zip Code **40258**

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 **Jimmy Hanna, President**  **6/23/00**
 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!!! FEE IS \$150.00
After MAY 1, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
DP Joseph Hanna 9692 Heather Circle West Palm Beach Gardens, FL 33410	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DV Joseph Hanna 9692 Heather Circle West Palm Beach Gardens, FL 33410	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DP Jimmy Hanna 3715 Alameda Dr. Louisville, KY 40258-3851	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 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:  **6/23/00 Jimmy Hanna**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)