

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90155 022 ***150.00

DOCUMENT # P97000062694

1. Entity Name
LEWIS K. HANNA, P.A.

Principal Place of Business
190 N.W. SPANISH RIVER BLVD
202
BOCA RATON FL 33431

Mailing Address
190 N.W. SPANISH RIVER BLVD
202
BOCA RATON FL 33431

2. Principal Place of Business
1900 Corporate Blvd.
 Suite, Apt. #, etc.
Suite 400 East

3. Mailing Address
1900 Corporate Blvd
 Suite, Apt. #, etc.
Suite 400 East

City & State
Boca Raton, Fl.

City & State
Boca Raton, Fl.

4. FEI Number **65-0776240**

Applied For
 Not Applicable

Zip Country
33431 Palm Bch.

Zip Country
33431 Palm Bch.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANNA, LEWIS K
SPANISH RIVER CENTER SUITE 202
190 NW SPANISH RIVER BLVD
BOCA RATON FL 33434

Name
Same
 Street Address (P.O. Box Number is Not Acceptable)
Suite 400 East
1900 Corporate Blvd.
 City
Boca Raton **FL** Zip Code
33431

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 *Hanna*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **HANNA, LEWIS K**
 STREET ADDRESS **190 NW SPANISH RIVER BLVD #202**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **D** ☒ Change ☐ Addition
 NAME **Lewis K. Hanna**
 STREET ADDRESS **1900 Corporate Blvd. Suite 400 East**
 CITY-ST-ZIP **Boca Raton, Fl. 33431**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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: *Hanna*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/02 (561) 361-9353
 Date Daytime Phone #

CR2E034 (9/01)