2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 22, 2002 8:00 am Secretary of State DOCUMENT # P97000068197 1. Entity Name 05-22-2002 90234 042 ***158.75 HANZE LIGHTHOUSE ACADEMY, INC. Principal Place of Business Mailing Address 72 MAGNOLIA DRIVE 421 S GOLDENROAD RD ST. AUGUSTINE FL 32084 ORLANDO FL 32822 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3462119 Not Applicable St. Johns Co. \$8.75 Additional 5. Certificate of Status Desired . Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HANZE, JULIO SR Street Address (P.O. Box Number is Not Acceptable) Rcl. #77 1710 BILLINGSHURTS CT ORLANDO FL 32825 City St. Quanstive 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 4-25-02 SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE **X** Delete P/5/D Jennice - Fisher 1845 old Monthie Rd. #77 HANZE, KARINA E NAME NAME STREET ADDRESS 1710 BILLINGSHURTS CT STREET ADDRESS ORLANDO FL 32825 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME HANZE, JULIO SR NAME STREET ADDRESS 1710 BILLINGSHURTS CT STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32825 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS 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.

FILED

904-824-3926

Daytime Phone #