

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106611

1. Entity Name
COMMONWEALTH INVESTORS, INC.

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90026 015 ***150.00

Principal Place of Business Mailing Address
1767 SENTRY PARKWAY WEST STE. 200 1767 SENTRY PARKWAY WEST STE. 200
BLUE BELL PA 19422 BLUE BELL PA 19422

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0812184**

Applied For
Not Applicable

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

HANSEN, JR. E
~~512 SWEET BAY CIRCLE~~
~~JUPITER FL 33458~~

Name
Street Address (P.O. Box Number is Not Acceptable)
234 Barbados Drive
City **Jupiter** FL Zip Code **33458**

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 *[Signature]*
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/13/01
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, 2001 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 PD ☐ Delete
NAME HANSEN, JR. E
STREET ADDRESS ~~512 SWEET BAY CIRCLE~~
CITY-ST-ZIP JUPITER FL 33458

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **234 Barbados Dr.**
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME HANSEN, III E
STREET ADDRESS ~~265 CRANE POINT S~~
CITY-ST-ZIP JUPITER FL 33458

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **Suite 200, 1767 Sentry Pkwy. West**
CITY-ST-ZIP **Blue Bell, PA 19422**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition
TITLE
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/01
Date

215-283-2700
Daytime Phone #

CR2E034 (10/00)