


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

03-06-2003 90131 044 \*\*\*150.00

**DOCUMENT # P98000000664**

1. Entity Name  
**HANNOVER LIFE RE CONSULTANTS, INC.**



Principal Place of Business  
**800 N. MAGNOLIA AVE  
STE 1400  
ORLANDO FL 32803**

Mailing Address  
**800 N. MAGNOLIA AVE  
STE 1400  
ORLANDO FL 32803**

**10032207**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-3480327** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**BRAZIEL, DENNIS D  
800 N. MAGNOLIA AVE  
STE 1400  
ORLANDO FL 32803**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME	DPC BECKE, WOLF S	<input type="checkbox"/> Delete
STREET ADDRESS	KARL WIECHERT ALLEE 50	
CITY-ST-ZIP	HANNOVER,GERMANY 30625	
TITLE NAME	DTS BRAZIEL, DENNIS D	<input type="checkbox"/> Delete
STREET ADDRESS	800 N. MAAGNOLIA AVE.	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE NAME	V HEINEMANN, AXEL	<input type="checkbox"/> Delete
STREET ADDRESS	KARL WIECHERT ALLE 50	
CITY-ST-ZIP	HANNOVER, GERMAY 30625	
TITLE NAME	V LEE, JONATHAN W	<input type="checkbox"/> Delete
STREET ADDRESS	800 N. MAGNOLIA AVE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE NAME	DV SCHAEFER, PETER R	<input type="checkbox"/> Delete
STREET ADDRESS	800 N MAGNOLIA AVE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Denise D. Braziel* **REQUIRED** Date: 2/12/2003 Daytime Phone #: 407-649-8411