

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000003086

1. Entity Name

HANSON SERVICES #3, INC.

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90006 048 ***150.00

0566062

Principal Place of Business
P.O. BOX 541244
GREENACRES FL 33454
US

Mailing Address
P.O. BOX 771222
LAKEWOOD OH 44107
US

BU065703



DO NOT WRITE IN THIS SPACE

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 **65-0805630** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ROSENFELD, ALEXANDER M
C/O ROSENFELD & STEIN, P.A.
18260 NE 19TH AVENUE SUITE 202
NORTH MIAMI BEACH FL 33162

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

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 _____ (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, 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 NAME STREET ADDRESS CITY-ST-ZIP	DP HANSON, MARYANNE C/O HANSON SERVICES, INC. 2105 REVELEY AVE LAKEWOOD OH 44107	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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

Date

Daytime Phone #

X 09/12/01 216-226-542

CR2E034 (10/00)

Attachments
**Application for Automatic Extension of Time
To File Corporation Income Tax Return**

OMB No. 1545-0233

Name of corporation **HANSON SERVICES #3, INC.** Employer identification number **#1980000308205630**

Number, street, and room or suite no. (If a P.O. box or outside the United States, see instructions.)
2105 REVELEY AVENUE, P. O. BOX 771222

City or town, state, and ZIP code
LAKEWOOD, OHIO 44107

Check type of return to be filed:

<input type="checkbox"/> Form 990-C	<input type="checkbox"/> Form 1120-FSC	<input type="checkbox"/> Form 1120-PC	<input checked="" type="checkbox"/> Form 1120S
<input type="checkbox"/> Form 1120	<input type="checkbox"/> Form 1120-H	<input type="checkbox"/> Form 1120-POL	<input type="checkbox"/> Form 1120-SF
<input type="checkbox"/> Form 1120-A	<input type="checkbox"/> Form 1120-L	<input type="checkbox"/> Form 1120-REIT	
<input type="checkbox"/> Form 1120-F	<input type="checkbox"/> Form 1120-ND	<input type="checkbox"/> Form 1120-RIC	

• Form 1120-F filers: Check here if the foreign corporation does not maintain an office or place of business in the United States ☐

1 Request for Automatic Extension (see instructions)

a Extension date. I request an automatic 6-month (or, for certain corporations, 3-month) extension of time until **SEPTEMBER 17**, 2001, to file the income tax return of the corporation named above for ☒ calendar year 2000 or ☐ tax year beginning _____, and ending _____

b Short tax year: If this tax year is for less than 12 months, check reason:
☐ Initial return ☐ Final return ☐ Change in accounting period ☐ Consolidated return to be filed

2 Affiliated group members (see instructions). If this application also covers subsidiaries to be included in a consolidated return, provide the following information:

Name and address of each member of the affiliated group	Employer identification number	Tax period

3 Tentative tax (see instructions) **3** 0

4 Payments and refundable credits: (see instructions)

a Overpayment credited from prior year 4a	
b Estimated tax payments for the tax year 4b	
c Less refund for the tax year applied for on Form 4466 4c	
e Credit for tax paid on undistributed capital gains (Form 2439) 4e	
f Credit for Federal tax on fuels (Form 4136) 4f	

5 Total. Add lines 4d through 4f (see instructions) **5** 0

6 Balance due. Subtract line 5 from line 3. **Deposit this amount using the Electronic Federal Tax Payment System (EFTPS) or with a Federal Tax Deposit (FTD) Coupon** (see instructions) **6** 0

Signature. Under penalties of perjury, I declare that I have been authorized by the above-named corporation to make this application, and to the best of my knowledge and belief, the statements made are true, correct, and complete.

[Signature] CPA (Title) 3/15/01 (Date)
(Signature of officer or agent)