FILED Sep 12, 2002 8:00 am Secretary of State

09-12-2002 90098 024 ***550.00

2002 UNIFORM BUSINESS REPORT (UBR)

P98000003086

DOCUMENT # 1. Entity Name

HANSON SERVICES #3, INC.

Principal Place of Business P.O. BOX 541244

GREENACRES FL 33454

Zip

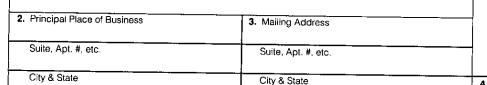
SIGNATURE

Mailing Address

P.O. BOX 771222

LAKEWOOD OH 44107

Zip





DO NOT WRITE IN THIS SPACE

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

Country

5. Certificate of Status Desired 7. Name and Address of New Registered Agent

65-0805630

Street Address (P.O. Box Number is Not Acceptable)

4. FEI Number

City

(NOTE: Registered Agent signature required when reinstating)

Zip Code

DATE

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

Country

Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

\$8.75 Additional

Not Applicable

(See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition HANSON, MARYANNE NAME NAME STREET ADDRESS C/O HANSON SERVICES, INC. 2105 REVELEY AVE STREET ADDRESS LAKEWOOD OH 44107 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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-ZIE TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an approars, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR