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

## DOCUMENT # P98000016167

1. Entity Name

RICHARD HANNA BUILDING CONTRACTOR, INC.



## FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90037 029 \*\*\*158.75

			.,					
Principal Place of Business 4169 LARCH AVENUE PALM BEACH GARDENS FL 33418		Mailing Address 4169 LARCH AVENUE PALM BEACH GARDENS FL 33418						
2. Principal I	Place of Business	3. Mailing Address					Office south food	
Suite, Apt	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES		
City & Star	te	City & State				1 00700 10080 1	plied For	
Zip	Country	Zip		Country		5. Certificate of Status Desired \$8.75 Address Fee Require	litional	
	6. Name and Address of Curren	Registere	ed Agent		l	7. Name and Address of New Registered Agent	<u></u>	
The state of the s				Nam	Name			
•	richard e Ch avenue	Street		et Address (F	ddress (P.O. Box Number is Not Acceptable)			
PALM BEACH GARDENS FL 33418								
				City		FL Zip Code	)	
8. The above the obligat	named entity submits this statement fi ions of registered agent.	or the purp	ose of changing its r	egistered office	e or registere	red agent, or both, in the State of Florida. I am familiar with,	and accept	
SIGNATURE .	O		<u></u>		·			
	Signature, typed or printed name of registered agent	and title if app	licable. (NOTE:	Registered Agent sig	gnature required v	when reinstating) DATE		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	f State					May Be to Fees	
10.	OFFICERS AND	DIRECTO	RS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 11	
TITLE	PVPS		☐ Delete	TITLE	Pres	Siden Thange	Addition	
NAME	HANNA, RICHARD			NAME		chard Hanna		
STREET ADDRESS	4169 CARCH AVENUE PALM BEACH GARDENS FL 334	40		STREET ADDRES	ड पादव	larch Aplenol		
CITY-ST-ZIP	FALM DEACH GARDENS FL 334	18		CITY-ST-ZIP	37	In Beach Constens, Fl. 33418	_	
TITLE NAME			☐ Delete	TITLE	CO.	UKE President Change	Addition (	
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TITLE			☐ Delete	TITLE	Seco	YCA 4.97		
NAME ~				NAME	Dan	16-1-Dittmen	Addition	
STREET ADDRESS				STREET ADDRES	s   362	RY COSMOS STEPRT		
CITY-ST-ZIP				CITY-ST-ZIP	Palm	n Beach Gantens, FI. 33410		
TITLE			Delete	TITLE		☐ Change	Addition	
NAME STREET ADDRESS				NAME CENTER ADDRESS				
CITY-ST-ZIP				STREET ADDRES CITY-ST-ZIP	<b>&gt;</b>			
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CITY-ST-ZIP	<del></del>			CITY-ST-ZIP	_[			
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CITY-ST-ZIP			1	STREET ADDRESS CITY-ST-ZIP	`			
				OTT-01-ZIF				

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 give exployered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

OFFICER OF DIRECTOR

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561-626.404

Daytime Phone #