

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90042 037 ***150.00

MM:XX
 AV

DOCUMENT # P98000092124

1. Entity Name
VISCOMI HANSARD, INC.

Principal Place of Business
27 S. ORCHARD. STE.B
ORMOND BEACH FL 32174

Mailing Address
27 S. ORCHARD. STE.B
ORMOND BEACH FL 32174



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3559511**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

HAWKINS, DONALD E PA
501 SO RIDGEWOOD AVE
DAYTONA BEACH FL 32114

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP VISCOMI, VINCENT 27 S ORCHARD ST STE B ORMOND BEACH FL 32174 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV HANSARD, WILLIAM C 27 S ORCHARD ST STE B ORMOND BEACH FL 32174 <input type="checkbox"/> Delete |
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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, withal, other, like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/14/02 386/676-0105

Date Daytime Phone #

CR2E034 (9/01)