## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 05, 2001 8:00 am Secretary of State DOCUMENT # **P99000024939** HAN SHAN ENTERPRISES, INC. 03-05-2001 90291 017 \*\*\*150.00 Principal Place of Business Mailing Address 333 17TH STREET 333 17TH STREET SUITE V SUITE V 816284 VERO BEACH FL 32960 VERO BEACH FL 32960 Principal Place of Business 333 17 troot DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0979518 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCHUGH, JOHN J JR Street Address (P.O. Box Number is Not Acceptable) **333 17TH STREET** SUITE U VERO BEACH FL 32960 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition TIME ☐ Delete NAME HIBLER, RICHARD W. NAME 333 17th Street, Svite U STREET ADDRESS STREET ADDRESS 333 17TH STREET STEV CITY-ST-ZIP CITY-ST-7IP VERO BEACH FL 32960 ☐ Delete TiTLE ☐ Change Addition THEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Delete Change ColfibbA TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIZ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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.

SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)

Daytime Phone #