

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90460 004 ***150.00

DOCUMENT # P99000040098

1. Entity Name

HANSON AND NELSON, INC.

Principal Place of Business

Mailing Address

3411 POWERLINE RD.,STE.701
FT.LAUDERDALE FL 33309

3411 POWERLINE RD.,STE.701
FT.LAUDERDALE FL 33309-5946

2. Principal Place of Business

2787 E OAKLAND PARK BLVD

3. Mailing Address

2787 E OAKLAND PARK BLVD

Suite, Apt. #, etc.

SUITE 411

Suite, Apt. #, etc.

SUITE 411

City & State

FT LAUD FL 0210X

City & State

FT LAUD FLORIDA

Zip

33306

Country

USA

Zip

33306

Country

USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TEPPS, JEROME L
3411 POWERLINE RD.,STE.701
FT.LAUDERDALE FL 33309

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2000 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

TITLE ☐ Delete
NAME D
STREET ADDRESS TEPPS, JEROME L
CITY-ST-ZIP 3411 POWERLINE RD.,STE.701
FT.LAUDERDALE FL 33309

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME PRESIDENT/DIRECTOR
STREET ADDRESS LEONARD ANSILL
CITY-ST-ZIP 2787 EAST OAKLAND PARK BLVD.
FT LAUD FLORIDA 33308 SUITE 411

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LEONARD ANSILL

4/27/00

Date

954-563-0563

Daytime Phone #

CR2E034 (9/99)