2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P99000068265**

HANSON SERVICES #5, INC.

Principal Place of Business	;
18260 N.E. 19TH AVENUE	

Mailing Address

18260 N.E. 19TH AVENUE

SUITE 202

City & State

Zip

33571

NORTH MIAMI BEACH FL 33162

SUITE 202 NORTH MIAMI BEACH FL 33162-1632

2. F	rincipal Pla	cipal Place of Business		
.0	. Box	5128		

3. Mailing Address

Lakewood,

P. O. Box 771222

Suite, Apt. #, etc. Suite, Apt. #, etc.

Country

6. Name and Address of Current Registered Agent

USA

City & State

Zip

44107

4. FEI Number

52-2178839

\$8.75 Additional Fee Required

FILED

Sep 19, 2000 8:00 am Secretary of State

09-19-2000 90146 009 ***150.00

CU1U1173

DO NOT WRITE IN THIS SPACE

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

ROSENFELD, ALEXANDER M

18260 N.E. 19TH AVENUE SUITE 202

Tax filing requirement and elects to do so.

Sun City Center, FL

NORTH MIAMI BEACH FL 33162

Name

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

City

(NOTE: Registered Agent signature required when reinstating)

Country

USA

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

9. This corporation is eligible to satisfy its Intangible

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

Not Applicable

(See criteria on back) \mathbf{K} Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Delete TITLE TITLE HANSON, MARYANNE NAME NAME 2105 REVELEY AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKEWOOD NEEDS 10H 44107 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE

MENATURE AND TO PED OR PRINTED NAME OF

Daytime Phone #

Form 7004

(Rev. July 1998)
Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File Corporation Income Tax Return

P990006826 C0101173 OMB No. 1545-0233

Name of corporation				Employer Identi	fication number	
Hanson Services No	. 5, Inc.			52-2178836		
	•	e the United States, see instruction	ns.)			
2105 Reveley Avenu		2				
City or town, state, and ZIP cod	_					
Lakewood, OH 4410						
Check type of return to be f				<u> </u>	_	
Form 1120	Form 1120-FSC	Form 1120-ND	——————————————————————————————————————	form 1120-REIT Form 1120-SF		
Form 1120-A	Form 1120-H	Form 1120-PC		Form 1120-RIC		
Form 1120-F	Form 1120-L	Form 1120-POL	✗ Form 1120S			
Form 990-C		., Form 990, 990-EZ, 990-BL,		s of Form 990-T (se	е	
Form 990-T	instructions)) must use Fo	rm 2758 to request extension	n of time to file.		•	
Form 1120-F filers: Check i	nere if you do not have an	office or place of business in	the United States · · ·		▶ 🔲	
					<u> </u>	
		porations, 3-month) extensio			٦ , ,	
until September 15		, to file the income tax return		d above for 🕨 🔼	J calendar	
		, a	nd ending		·	
b If this tax year is for less				O Malak	a ka ba filad	
X Initial return	Final return	Change in accounting cluded in a consolidated retu		Consolidated retur	n to be filed	
	Idress of each member o		Employer identi		Tax period	
traine and ac	diess of each member o	i the anniated group	Employer identi	ilication number	Tax period	
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a Overpayment credited from	m prior year 4a				" M. 12 . 1	
b Estimated tax payment	r— r					
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year	· · · · · · · · · · · · · · · · · · ·				,	
for on Form 4466	* '' !) Bai ▶ 4d	The state of the same was the same was a same of the same of		ay in the second	
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	on fuels (Form 4136)	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	 		A CONTRACTOR	
Ordan for a oderar tax o	midela (i omi 4700)					
5 Total. Add lines 4d thro	ugh 4f			. 5	0	
6 Balance due. Subtract l	ine 5 from line 3. Deposit	this amount electronically o	or with a Federal			
Tax Deposit (FTD) Cou	pon (see instructions) · ·	<u> </u>	<u> </u>	6	0	
Signature Under penalties of perj and belief the statements made are	ury, I declare that I have been at	thorized by the above-named corporat	tion to make this application, and	to the best of my knowle	dge	
(\mathcal{M})			•			
	يكمي	CPA		03/	14/00	
(Signature of c	officer or agent)		(Title)		(Date)	

JOHN D. BARBER

Attachment + P9900018265 C0101173

Certified Public Accountant 24525 Detroit Road - Suite 2 Westlake, OH 44145-2522 Phone (440) 250-0540 Fax (440) 250-0790

September 13, 2000

Division of Corporations Uniform Business Report Filings. P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Hanson Services #5, Inc.

P.O. Box 771222 Lakewood, OH 44107 Document # P99000068265

Gentlemen:

This letter is being sent along with the 2000 Uniform Business Report, for the above named taxpayer, to explain why the report is being filed after the May 1, filing date.

The home office of this corporation is in Ohio and the taxpayer was unaware of all the filing requirements for Florida corporations. This is the initial filing for this corporation. A federal extension for filing the federal corporation tax return also extends the filing of all of the state and local tax returns due for that year in Ohio. It was assumed that that was also true for Florida's requirements.

It was discovered during the preparation of the taxpayers federal tax return that this was incorrect. It was also discovered at this time that the 2000 UBR is a corporation fee and not a corporation tax.

The taxpayer is enclosing the \$150 filing fee and also a copy of the federal corporation extension that they inadvertently relied on to extend the filing of the 2000 UBR.

This letter is a formal request to abate the late filing fee due to the above circumstances. This was an oversight by the taxpayer and not an intentional disregard of the filing requirements of the State of Florida.

The taxpayer has been made aware of the filing requirements for Florida corporations and will file all future returns timely.

CLIENT COPY

Kindly acknowledge the receipt of this letter and enclosures by initialing the enclosed copy of this letter and returning it to me in the enclosed stapmed and self-addressed envelope.

Thank you for your consideration in this matter.

Very truly yours

John D. Barber, CPA

322-fl

JOHN D. BARBER

Attachment # P99000168865 C0101173

Certified Public Accountant 24525 Detroit Road – Suite 2 Westlake, OH 44145-2522 Phone (440) 250-0540 Fax (440) 250-0790

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