2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Sep 18, 2001 8:00 am
Secretary of State
09-18-2001 90012 007 ***150.00

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DO NOT WRITE IN THIS SPACE

1. Entity Name
HANSON SERVICES #5, INC.

Principal Place of Business	Mailing Address
PO BOX 5128 SUN CITY CENTER FL 33571	PO BOX 771222 LAKEWOOD OH 44107

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 52-2178839 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROSENFELD, ALEXANDER M
18260 N.E. 19TH AVENUE
SUITE 202
NORTH MIAMI BEACH FL 33162

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANSON, MARYANNE 2105 REVELEY AVENUE LAKEWOOD OH 44107 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: X Mary Anne Hanson X 09/12/01 216-226-5425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 979493

Hp99000082

Form **7004**
(Rev. October 2000)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0233

Name of corporation	Employer identification number
HANSON SERVICES #5, INC.	52-2178836

Number, street, and room or suite no. (If a P.O. box or outside the United States, see instructions.)
2105 REVELEY AVENUE, P. O. BOX 771222

City or town, state, and ZIP code
LAKEWOOD, OHIO 44107

Check type of return to be filed:

☐ Form 990-C	☐ Form 1120-FSC	☐ Form 1120-PC	☒ Form 1120S
☐ Form 1120	☐ Form 1120-H	☐ Form 1120-POL	☐ Form 1120-SF
☐ Form 1120-A	☐ Form 1120-L	☐ Form 1120-REIT	
☐ Form 1120-F	☐ Form 1120-ND	☐ Form 1120-RIC	

- Form 1120-F filers: Check here if the foreign corporation does not maintain an office or place of business in the United States . . . . . ▶ ☐

1 Request for Automatic Extension (see instructions)

a Extension date. I request an automatic 6-month (or, for certain corporations, 3-month) extension of time until SEPTEMBER 17, 2001, to file the income tax return of the corporation named above for ▶ ☒ calendar year 2000 or ▶ ☐ tax year beginning _____, and ending _____

b Short tax year. If this tax year is for less than 12 months, check reason:
☐ Initial return ☐ Final return ☐ Change in accounting period ☐ Consolidated return to be filed

2 Affiliated group members (see instructions). If this application also covers subsidiaries to be included in a consolidated return, provide the following information:

Name and address of each member of the affiliated group	Employer identification number	Tax period

3	Tentative tax (see instructions)			3	0
4	**Payments and refundable credits:** (see instructions)				
a	Overpayment credited from prior year	4a			
b	Estimated tax payments for the tax year	4b			
c	Less refund for the tax year applied for on Form 4466	4c	( ) Bal ▶	4d	
e	Credit for tax paid on undistributed capital gains (Form 2439)			4e	
f	Credit for Federal tax on fuels (Form 4136)			4f	
5	Total. Add lines 4d through 4f (see instructions)			5	0
6	**Balance due.** Subtract line 5 from line 3. **Deposit this amount using the Electronic Federal Tax Payment System (EFTPS) or with a Federal Tax Deposit (FTD) Coupon** (see instructions)			6	0

Signature. Under penalties of perjury, I declare that I have been authorized by the above-named corporation to make this application, and to the best of my knowledge and belief, the statements made are true, correct, and complete.

(Signature of officer or agent)	CPA (Title)	3/15/01 (Date)

For Paperwork Reduction Act Notice, see instructions. Form **7004** (Rev. 10-2000)

JSA
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