

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90139 043 ***150.00

DOCUMENT # P99000072553

1. Entity Name
HANSEL PLAZA, INC.



Principal Place of Business
**1516 E HILLCREST, SUITE 301
ORLANDO FL 32803**

Mailing Address
**1516 E HILLCREST, SUITE 301
ORLANDO FL 32803**

2. Principal Place of Business
718 Garden Plaza
Suite, Apt. #, etc.
n/a

3. Mailing Address
718 Garden Plaza
Suite, Apt. #, etc.
n/a

City & State
Orlando, Florida

City & State
Orlando, Florida

Zip
32803-4212

Country
USA

Zip
32803-4212

Country
USA

4. FEI Number **59-3593129**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HANSEL, THOMAS
1516 E HILLCREST, SUITE 301
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name
Hansel, Thomas, W.
Street Address (P.O. Box Number is Not Acceptable)
718 Garden Plaza
City **Orlando** **FL** Zip Code **32803-4212**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Thomas W. Hansel*

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

(NOTE: Registered Agent signature required when reinstating)

2/26/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HANSEL, THOMAS**
STREET ADDRESS **1516 E HILLCREST, SUITE 301**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **D** ☐ Delete
NAME **SEBAALI, MARY L**
STREET ADDRESS **1516 E HILLCREST, SUITE 301**
CITY-ST-ZIP **ORLANDO FL 32803**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Hansel, Thomas, W.**
STREET ADDRESS **718 Garden Plaza**
CITY-ST-ZIP **Orlando, Florida 328034212**

TITLE **D** ☒ Change ☐ Addition
NAME **Sebaali, Mary, Lisa**
STREET ADDRESS **718 Garden Plaza**
CITY-ST-ZIP **Orlando, Florida 32803-4212**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas W. Hansel* **Director**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-03

Date

407-895-0324

Daytime Phone #

CR2E034 (10/02)