2002 UNIFORM BUSINESS REPORT (UBR)

address

SIGNATURE AND TYPED OR

changed or on an attachment

SIGNATURE

with all other like empowered.

AMR OF SIGNING OFFICER OR DIRECTOR

Mar 06, 2002 8:00 am § Secretary of State DOCUMENT # P99000078882 1. Entity Name HANSON & HANSON PROPERTIES, INC. 03-06-2002 90013 042 ***150.00 Principal Place of Business Mailing Address 617 WEST COLONIAL DR. 617 WEST COLONIAL DR. ORLANDO FL 32804 ORLANDO FL 32804 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3609915 Not Applicable \$8.75 Additional Country 7in Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARRISON, CHARLES R 1400 W. FAIRBANKS AVE., STE. 204 1413 Trovillion Ave rovillion avenue 32789 WINTER PARK FL 32804 Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) Change ☐ Addition TITLE ☐ Delete TITLE NAME HANSON, MITCHELL A NAME 1252 Forden Road 1888-CRANBERRY ISLES WAY STREET ADDRESS STREET ADORES Apopka, FL 32712 CITY-ST-ZIP APOPKA FL 32712 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME HANSON, MICHAEL A STREET ADDRESS STREET ADDRESS 3512 ERIE CT. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32810 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 profits 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 true emplowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED