

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90068 005 ***150.00

DOCUMENT # S08781

1. Entity Name
HANLEY & ASSOCIATES, INC.

Principal Place of Business

800 LAUREL OAK DR.
#200
NAPLES FL 34108
US

Mailing Address

800 LAUREL OAK DR.
#200
NAPLES FL 34108
US

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 65-0229339

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOWRIE, DOROTHY J
3001 TAMiami TRAIL N.
FOURTH FLOOR
NAPLES FL 34103

Name

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

~~800 Laurel Oak Dr.~~

~~Suite 200~~

City ~~Naples~~

FL

Zip Code ~~34108~~

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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	LOWRIE, JAMES F.	800 LAUREL OAK DR. NAPLES FL 34108	<input type="checkbox"/>						
	D	LOWRIE, DOROTHY J.	800 LAUREL OAK DR. NAPLES FL 34108	<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						

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

2/6/01

Date

941-643-7474

Daytime Phone #

CR2E034 (10/00)