

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90320 030 ***150.00

DOCUMENT # S08781

1. Entity Name

Hanley & Associates, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
800 Laurel Oak Dr.

Suite, Apt. #, etc.
#200

City & State
Naples, FL

Zip
34108

Country
USA

3. Mailing Address
800 Laurel Oak Dr.

Suite, Apt. #, etc.
#200

City & State
Naples, FL

Zip
34108

Country
USA

4. FEI Number
65-0229339

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

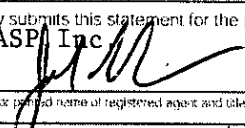
**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CLASP Inc.
Street Address (P.O. Box Number is Not Acceptable)
3001 Tamiami Trail N., 4th Floor
City
Naples FL Zip Code
34103

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.

CLASP Inc

SIGNATURE By:  **Joel H. Schechter, President**

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

(NOTE: Registered Agent signature required when submitting)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D, S, T
James F. Lowrie
800 Laurel Oak Dr.
Naples, FL 34108

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D, P
Dorothy J. Lowrie
800 Laurel Oak Dr.
Naples, FL 34108

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

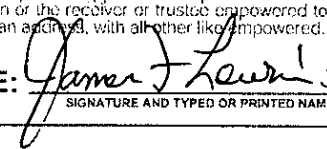
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **James F. Lowrie, Director**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02

Date

(941) 643-7474

Daytime Phone

CR2E034B (12/01)