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	3. Mailing Address
800 Laurel Oak Dr.	800 Laurel Oak Dr.
Suite, Apt. #, etc.: #200	Suite, Apt. #, etc.: #200
City & State: Naples, FL	City & State: Naples, FL
Zip: 34108 Country: USA	Zip: 34108 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0229339 ☐ Applied For ☐ Not Applicable

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

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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.

SIGNATURE: CLASP Inc By: Joel H. Schechter, President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required where mandated) 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	D, S, T
NAME	James F. Lowrie
STREET ADDRESS	800 Laurel Oak Dr.
CITY-ST-ZIP	Naples, FL 34108
TITLE	D, P
NAME	Dorothy J. Lowrie
STREET ADDRESS	800 Laurel Oak Dr.
CITY-ST-ZIP	Naples, FL 34108
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NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 asterisk, with all other like empowered.

SIGNATURE: James F Lowrie James F. Lowrie, Director 4/9/02 (941) 643-7474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #