2000 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 10, 2000 8:00 am Secretary of State **DOCUMENT # \$40572** HANS MAINTENANCE, INC. 08-10-2000 90006 049 ***550 00 Mailing Address Principal Place of Business 3771 KINGSTON BLVD. 3771 KINGSTON BLVD. SARASOTA FL 34238 SARASOTA FL 34238 3. Mailing Address 2. Principal Place of Business 3350 (Inutation Duve 3350 PlantAtION PLIVE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. ALASOTA Applied For 4. FEI Number 59-3060459 ALASOTA Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DUMBAUGH, JOHN D. Street Address (P.O. Box Number is Not Acceptable) 1900 RINGLING BLVD. SARASOTA FL 34236 City Zip Code 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) FILE NOW!!!-FEE IS-\$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change TITI F TITLE ☐ Delete 3350 Plantation &CIVE SALASOTA, FL 34231 BUCKEN, HANS H. NAME 3771 KINGSTON BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-7IP SARASOTA FL CITY-ST-ZIP TITLE ☐ Delete TITLE 3350 PLANTATION DRIVE SARASOTA FL 34231 BUCKEN, KLAUS D. NAME NAME 3771 KINGSTON BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP.__-CITY-ST-ZIP-☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE

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.

NAME

STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

City-St-719

SIHOUATURE SEQUIRED SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

8-7-00