2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 14, 2001 8:00 am **DOCUMENT # S44987** Secretary of State 1. Entity Name G. RICHARD HANOR, INC. 03-14-2001 90523 004 ***150.00 Mailing Address Principal Place of Business 2507 NW 59TH STREET 1398 SW 21ST LN **BOCA RATON FL 33486** 190100 **BOCA RATON FL 33496** US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0254295 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUNDLACH, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 2780 E OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306 Zip Code City 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 DATE (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, 2001 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11. DP Change ☐ Addition TITLE ☐ Delete TITLE HANOR, G. RICHARD MAME NAME STREET ADDRESS STREET ADDRESS 2507 NW 59TH STREET CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** Change Change ☐ Addition Delete TITLE TITLE NAME HANOR, VICTORIA JOANNE NAME STREET ADDRESS 2507 NW 59TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33496** ☐ Change Addition TITLE TITLE == ·DT_ Delete NAME HANOR, KRISTINE LYNN NAME STREET ADDRESS STREET ADDRESS 2507 NW 59TH STREET CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 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 received 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.

G. Richard Hanor

NE OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

March 8, 2001

561 241-3086

Daytime Phone #