

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2001 8:00 am
Secretary of State

07-23-2001 90001 010 ***150.00

0145338 SP

DOCUMENT # S61032
 1. Entity Name
G. LA GRANGE, INC.

Principal Place of Business
**453 GULF VIEW SQUARE MALL
 PORT RICHEY FL 34668**

Mailing Address
**453 GULF VIEW SQUARE MALL
 PORT RICHEY FL 34668**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
453 GULF VIEW SQ. MALL

3. Mailing Address
453 GULFVIEW SQ. MALL

Suite, Apt. #, etc.
SUITE # 453

City & State
PORT RICHEY FL

City & State
PORT RICHEY FL.

4. FEI Number
59-3074847

Applied For
 Not Applicable

Zip
34668

Country
PASCO

Zip
34668

Country
PASCO

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

6. Name and Address of Current Registered Agent
**LA GRANGE, GLENDA
 453 GULF VIEW SQ MALL
 PORT RICHEY FL 34668**

7. Name and Address of New Registered Agent

Name
HANSEN, EDWARD S.

Street Address (P.O. Box Number is Not Acceptable)
9320 DARTMOUTH AVE

City
TAMPA, FL 33612

Zip Code
FL 33612

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 *Edward S. Hansen* DATE **7-13-01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HANSEN, EDWARDS S 13118 NORTH BOULEVARD TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS D HANSEN, EDWARD S. 9320 DARTMOUTH AVE TAMPA FL 33612	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Edward S. Hansen* DATE **7-13-01** DAYTIME PHONE # **727-842-8277**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)



Attachment
D# 861032
A0578841

Edward S. Hansen.
453 GULF VIEW SQ MALL
SUITE #453
PORT RICHEY, FL. 34668

7/13/2001

To whom it may concern:

On July 13, 2001, I called Division of Corporation at 850-488-9000, and explained I never received Division of Corporation renewal for 2001.

I am enclosing a check for \$150.00, as I was instructed.

Please forgive the late fee because of an error in mailing.

Document # 561032, G. LAGRANGE, INC.

Thank you.

Sincerely

Edward S. Hansen