

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # 515796**1. Entity Name
HANCOCK PRINTING EQUIPMENT, INC.**Principal Place of Business**16011 N. NEBRASKA AVE
SUITE 101
LUTZ FL
33549**Mailing Address**16011 N. NEBRASKA AVE
SUITE 101
LUTZ FL
33549**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-1714082**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**HANCOCK MICHAEL F**
BARNETT PLAZA, SUITE 3305
101 EAST KENNEDY BLVD
TAMPA FL
33602 US**7. Name and Address of New Registered Agent**

Name

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

City

FL

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)

04/30/2001

DATE

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 \$150.00****After MAY 1, 2001 Fee will be \$550.00****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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **VD** ☐ Delete
NAME **HANCOCK-SELVIA VALARIE**
STREET ADDRESS **16510 WB PRITCHETT LANE**
CITY-ST-ZIP **LUTZ FL 33549**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **STD** ☐ Delete
NAME **HANCOCK, FRANCES A.**
STREET ADDRESS **16011 N NEBRASKA AVE.**
CITY-ST-ZIP **LUTZ FL**TITLE **STD** ☒ Change ☐ Addition
NAME **HANCOCK FRANCES A**
STREET ADDRESS **16011 N NEBRASKA AVE. SUITE 101**
CITY-ST-ZIP **LUTZ FL 33549**TITLE **PD** ☐ Delete
NAME **HANCOCK, GENE R.**
STREET ADDRESS **16011 N NEBRASKA AVE.**
CITY-ST-ZIP **LUTZ FL**TITLE **PD** ☒ Change ☐ Addition
NAME **HANCOCK GENE R**
STREET ADDRESS **16011 N NEBRASKA AVE. SUITE 101**
CITY-ST-ZIP **LUTZ FL 33549**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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 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: Valarie H. Selvia**VD****04/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)