

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90062 008 ***150.00

0564445 AV

DOCUMENT # 362976

1. Entity Name
LAURA B. HANCOCK, OF FT. PIERCE, INC.

Principal Place of Business
1018 JAMAICA AVE
FT PIERCE FL 34982
US

Mailing Address
1018 JAMAICA AVE
FT PIERCE FL 34982
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2800 Ocean Dr
 Suite, Apt. #, etc.
Suite D-1
 City & State
Vero Beach, FL
 Zip
32963
 Country
Indian River

3. Mailing Address
Same
 Suite, Apt. #, etc.
Same
 City & State
Same
 Zip
Same
 Country
Same

4. FEI Number **59-1292318** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
HANCOCK, LAURA B
1018 JAMACIA AVE
FT PIERCE FL 34982
died 11-29-01

7. Name and Address of New Registered Agent
 Name **Betty A Reeves**
 Street Address (P.O. Box Number is Not Acceptable)
2800 Ocean Dr
Suite D-1
 City **Vero Beach** **FL** Zip Code **32963**

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 **BETTY A REEVES** (NOTE: Registered Agent signature required when reinstating) DATE **1-15-02**

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, 2002 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

TITLE **PD** ☒ Delete
 NAME **HANCOCK, LAURA B**
 STREET ADDRESS **1018 JAMAICA AVE.**
 CITY-ST-ZIP **FORT PIERCE FL**

TITLE **TD** ☐ Delete
 NAME **HANCOCK, LAURA B.**
 STREET ADDRESS **1018 JAMAICA AVE**
 CITY-ST-ZIP **FORT PIERCE FL**

TITLE **VD** ☐ Delete
 NAME **REEVES, BETTY ANN**
 STREET ADDRESS **1840 TARPON LANE D-204**
 CITY-ST-ZIP **VERO BEACH FL**

TITLE **SD** ☐ Delete
 NAME **REEVES, BETTY ANN**
 STREET ADDRESS **1840 TARPON LANE D-204**
 CITY-ST-ZIP **VERO BEACH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President/ Director** ☐ Change ☒ Addition
 NAME **Betty A Reeves**
 STREET ADDRESS **2800 Ocean Dr Ste D-1**
 CITY-ST-ZIP **Vero Beach, FL 32963**

TITLE **Treasurer - Director** ☐ Change ☒ Addition
 NAME **Betty A Reeves**
 STREET ADDRESS **2800 Ocean Dr Ste D-1**
 CITY-ST-ZIP **Vero Beach, FL 32963**

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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: **Betty A Reeves** **1-15-02 561-234-1550**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)