

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90138 021 \*\*\*158.75

**DOCUMENT # 851572**

1. Entity Name  
**HANSCOMB INC.**

**Principal Place of Business**

**1175 PEACHTREE ST NE  
 SUITE 1650  
 ATLANTA GA 30309  
 US**

**Mailing Address**

**1175 PEACHTREE ST NE  
 STGE 1650  
 ATLANTA GA 30309  
 US**

**359081**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**2500 Maitland Ctr PKWY**

Suite, Apt. #, etc.

**Suite 311**

City & State

**Maitland, FL**

Zip

**32751**

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number**

**36-2936187**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LANCELOT, TONY R  
 2500 MAITLAND CTR PKWY  
 STE 311  
 MAITLAND FL 32751**

**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)

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, 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	SDV	<input type="checkbox"/> Delete
NAME	VALLANCE, ANTHONY P.	
STREET ADDRESS	655 MONTGOMERY ST SUITE 1710	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	DPV	<input type="checkbox"/> Delete
NAME	LANCELOT, TONY R.	
STREET ADDRESS	2500 MAITLAND CTR PKWY	
CITY-ST-ZIP	MAITLAND FL	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	WADE, PHIL	
STREET ADDRESS	222 SOUTH RIVERSIDE PLAZA	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	V	<input type="checkbox"/> Delete
NAME	MILLS, WESLEY E JR	
STREET ADDRESS	1175 PEACHTREE ST NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BROTHERS, ROBERT W	
STREET ADDRESS	1175 PEACHTREE ST SUITE 1650	
CITY-ST-ZIP	ATLANTA GA 30309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/02**

Date

**404/874-3638**

Daytime Phone #

CR2E034 (9/01)