2001 UNIFORM BUSINESS REPORT (UBR) Apr 03, 2001 8:00 am Secretary of State DOCUMENT # F9700006185 HANCOCK PRODUCTS OF FLORIDA CO. 04-03-2001 90053 029 ***150.00 Mailing Address Principal Place of Business 20655 NORTHLINE RD. 20655 NORTHLINE RD. TAYLOR MI 48180 TAYLOR MI 48180 171 A SERVICE STATE OF THE SERVICE 2. Principal Place of Business***, (***) 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 38-1247201 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name UCC FILING & SEARCH SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 EAST PARK AVE. STE. 200 TALLAHASSEE FL 32302 Zip Code City FL 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) 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: Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE NAME HANCOCK, JOHN H JR. NAME STREET ADDRESS STREET ADDRESS 20655 NORTHLINE RD. CITY-ST-ZIP CITY-ST-ZIP TAYLOR MI 48180 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME JOLY, CYNTHIA K NAME STREET ADDRESS STREET ADDRESS 20655 NORTHLINE RD. CITY - ST - ZIP CITY-ST-ZIP TAYLOR MI 48180 ☐ Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP - - 🔲 Change Addition -TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

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SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

3290

Date

Daytime Phone #

Change

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