

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90084 003 ***150.00

90004598



☒ CHECK HERE IF MAKING CHANGES

DOCUMENT # F98796

1. Entity Name
DONALD L. HANCOCK, INC.



Principal Place of Business

636 US HWY #1
109
NORTH PALM BEACH FL 33408-4611
US

Mailing Address

636 US HWY #1
109
NORTH PALM BEACH FL 33408-4611
US

2. Principal Place of Business

636 US Hwy #1

3. Mailing Address

P.O. Box 14611

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Palm Beach FL

City & State

North Palm Beach FL

Zip

Country

33408-4611 USA

Zip

Country

33408-0611 USA

4. FEI Number

59-2223913

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HANCOCK, FRANCES L

636 US HWY 1

SUITE 109

NORTH PALM BEACH FL 33408-4611

7. Name and Address of New Registered Agent

Name

FRANCES L. HANCOCK

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

364 GOLFVIEW RD. #207

City

North Palm Beach

FL

Zip Code

33408

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan. 3rd 2003

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PST
NAME HANCOCK, FRANCES L
STREET ADDRESS 364 GOLFVIEW RD., #207
CITY-ST-ZIP NORTH PALM BEACH FL

☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

12. 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 10 or Block 11 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

FRANCES L. HANCOCK

1-03-03 (561) 842-1759

Date

Daytime Phone #

CR2E034 (10/02)