FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Feb 13, 2001 8:00 am **DOCUMENT # H37649 Secretary of State** HANCOCK INFORMATION GROUP, INC. 02-13-2001 90037 006 ***158.75 Principal Place of Business Mailing Address 2180 W. S.R. 434, STE, 3170 2180 W. S.R. 434, STE, 3170 LONGWOOD FL 32779 LONGWOOD FL 32779 D0016795 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2476272 Not Applicable Zip Zip Country \$8.75 Additional Certificate of Status Desired Fee Required __ < 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KAYMOND W. OTIS OTIS, RAYMOND W. Box Number is Not Acceptable) 141 W. READING WAY WINTER PARK FL 32789 WINTER PARK 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 2/7/01 SIGNATURE (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution, Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DTO TITLE ☐ Delete **Change** HANCOCK, SUSAN A. HANCOCK, NAME NAME SUSAN A. STREET ADDRESS 141 W READING WAY STREET ADDRESS 1511 VIA TUSCANY CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP 32789 MINTER PARK VSD V-3D-TITLE 💝 Delete -TITLE-Change ☐ Addition OTIS, RAYMOND W RAYMOND W. NAME OYIS, NAME VIA TUSCANY 141 W READING WAY STREET ADDRESS STREET ADDRESS 1511 FL 32789 CITY-ST-ZIP PARK CITY-ST-ZIP WINTER PARK FL 32789 WINTER TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 eath; 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.