

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000073244

1. Entity Name

D. B. STUCCO, INC.

Principal Place of Business

146 TULANE ROAD
S VENICE FL 34293
US

Mailing Address

146 TULANE ROAD
S VENICE FL 34293
US

2. Principal Place of Business

1135 Bayshore Rd

3. Mailing Address

P.O. Box 599

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Nokomis Fla

City & State

Nokomis Fla

Zip

34275

Country

USA

Zip

34274

Country

USA

6. Name and Address of Current Registered Agent

HANCOCK, EDITH
146 TULANE ROAD
S VENICE FL 34293

7. Name and Address of New Registered Agent

Name Edith Hancock

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

1135 Bayshore Rd

City

Nokomis

FL

Zip Code

34275

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

Edith Hancock

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, 2001 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 P
NAME HANCOCK, EDITH
STREET ADDRESS 146 TULANE ROAD
CITY-ST-ZIP VENICE FL 34293 ☐ Delete

TITLE V
NAME HANCOCK, WILLIAM J JR
STREET ADDRESS 146 TULANE ROAD
CITY-ST-ZIP VENICE FL 34293 ☐ Delete

TITLE V
NAME HANCOCK, DARRELL
STREET ADDRESS 146 TULANE ROAD
CITY-ST-ZIP VENICE FL 34293 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

Edith Hancock Edith Hancock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-01

Date

941 484 7040

Daytime Phone #

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90036 021 ***150.00



DO NOT WRITE IN THIS SPACE

0418228

CR2E034 (10/00)