

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 31, 2005 8:00 am**  
**Secretary of State**

08-31-2005 90015 001 \*\*\*550.00

DOCUMENT # *P93000073244*

1. Entity Name

*D.B. Stucco Inc.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*1135 Bayshore Rd*

Suite, Apt. #, etc.

3. Mailing Address

*P.O. Box 599*

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

*50064319*

City & State

*Nokomis, FL*

City & State

*Nokomis, FL*

4. FEI Number

*65-0444696*

Applied For

Not Applicable

Zip

*34275*

Country

*Sarasota*

Zip

*34274*

Country

*Sarasota*

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Edith Hancock P*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-ST-ZIP

*P Hancock Edith  
1135 Bayshore Rd  
Nokomis FL 34275*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*\* Withiam*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*V Hancock William L. JR  
146 Tulane Rd  
Venice FL 34293*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*V Hancock Darrell  
146 Tulane Rd  
Venice FL 34293*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Edith Hancock Edith Hancock P.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-22-05*

Date

*941 484 7040*

Daytime Phone #

CR2E034B (12/02)