2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Mar 05, 2001 8:00 am DOCUMENT # P95000017272 **Secretary of State** 1. Entity Name HANCOCK & HANCOCK DESIGN STUDIO, INC. 03-05-2001 90062 022 ***150.00 Principal Place of Business Mailing Address 1400 3 STREET SOUTH 1400 3 STREET SOUTH PARCOTOR NAPLES FL 33940 NAPLES FL 33940 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0565417 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 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) DATE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change Addition NAME HANCOCK, ANTANINA NAME STREET ADDRESS 2324 HIDDEN LAKE DR., #608 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 33962 ۷P ☐ Change ☐ Delete TITLE Addition TITLE HANCOCK, JOHN NAME NAME STREET ADDRESS 2324 HIDDEN LAKE DR., #608 STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP NAPLES FL 33962 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supplied indicated on this report or sup of the corporation or the receive ental rep trustee empowered. changed, or on an attachr ith all other I

SIGNING OFFICER OR DIRECTOR

FILED

02/27/01 312/587-1300