

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90019 032 ***150.00

DOCUMENT # P95000017272

1. Entity Name

HANCOCK & HANCOCK DESIGN STUDIO, INC.

Principal Place of Business

**1400 3 STREET SOUTH
NAPLES FL 33940**

Mailing Address

**1400 3 STREET SOUTH
NAPLES FL 33940**

B0033319



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1351 RAIL HEAD BLVD

3. Mailing Address

1351 RAIL HEAD BLVD

Suite, Apt. #, etc.

2

Suite, Apt. #, etc.

2

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

65-0565417

Applied For

Not Applicable

Zip

34110

Country

Zip

34110

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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, 2002 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** ☐ Delete
NAME **HANCOCK, ANTANINA**
STREET ADDRESS **2324 HIDDEN LAKE DR., #608**
CITY-ST-ZIP **NAPLES FL 33962**

TITLE **VP** ☐ Delete
NAME **HANCOCK, JOHN**
STREET ADDRESS **2324 HIDDEN LAKE DR., #608**
CITY-ST-ZIP **NAPLES FL 33962**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 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

Date

Daytime Phone #

SIGNATURE: [Signature] JOHN HANCOCK 02/07/02 941/594-3535

CR2E034 (9/01)