2000 UNIFORM BUSINESS REPORT (UBR)

Aug 01, 2000 8:00 am Secretary of State DOCUMENT # P9600014162 HANCOCK MOVING & STORAGE, INC. 08-01-2000 90115 016 ***550.00 Principal Place of Business Mailing Address 9262 N.W. 101ST STREET 9262 N.W. 101ST STREET MIAM! FL 33178 MIAMI FL 33178 NUUTUUU 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0638992 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HANCOCK, RONNIE Street Address (P.O. Box Number is Not Acceptable) 7946 WEST 14TH COURT HIALEAH FL 33014 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. 7/28/00 Ronnie Hancock President SIGNATURE-(NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE HANCOCK, RONNIE NAME STREET ADDRESS 7946 WEST 14TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33014 Change Addition TITLE Delete TITLE NAME HANCOCK, LINDA NAME STREET ADDRESS 7946 WEST 14TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33014 TITLE Change ☐ Addition ☐ Delete TITLE SEWELL, THOMAS E. NAME NAME 8080 PASADENA BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE PEMBROKE PINES FL 33024 ☐ Addition Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

305-885-3322 7/28/00

PRONNIE Hancock President

Hancoc GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

Daytime Phone #