

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

FILED

02 OCT 29 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000014162 *Amended*
1. Entity Name Hancock Moving & Storage, Inc. *2002*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9262 N.W. 101 Street
Suite, Apt. #, etc.
City & State
Miami, FL
Zip 33178 Country USA

3. Mailing Address
9262 N.W. 101 Street
Suite, Apt. #, etc.
City & State
Miami, FL
Zip 33178 Country USA

4. FEI Number 65-0638992
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Ronnie Hancock
Street Address (P.O. Box Number is Not Acceptable)
7946 West 14 Court
City Hialeah FL Zip Code 33014

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 _____ (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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PD Hancock, Ronnie 7946 West 14 Court Hialeah, FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400008641044 10/29/02--01015--013 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Hancock, Linda 7946 West 14 Court Hialeah, FL 33014	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME 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)(f), 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 on an attachment with an address with all other like empowered.

SIGNATURE: *Ronnie Hancock*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OFFICER / DIRECTOR RESIGNATION

I, Thomas E. Sewell, hereby resign as Treasurer
(Title)

of Hancock Moving & Storage, Inc.
(Name of Corporation)

a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.

Thomas E. Sewell
(Signature of resigning officer/director)

FILING FEE IS \$35.00

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**



Sewell and Company, PA
Certified Public Accountants

October 1, 2002

Hancock Moving & Storage, Inc.
9262 N.W. 101 Street
Miami, FL 33178

Attention: Ronnie Hancock

Dear Ronnie:

Effective immediately, please accept my resignation as Treasurer of Hancock Moving & Storage, Inc. I have filed the proper Officer Resignation form with Florida Department of State notifying them of this change.

Very truly yours,

Thomas E. Sewell, CPA
SEWELL AND COMPANY, PA

TES/dl

7705 Davie Road Extension • Hollywood, Florida 33024
(954) 432-3100 • Dade (305) 620-0616 • Fax (954) 436-6898