

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90048 035 \*\*\*150.00

**DOCUMENT # P96000071657**

1. Entity Name

**HANCOCK TILE OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

**5824 FOREST RIDGE DRIVE  
 PENSACOLA FL 32526**

**5824 FOREST RIDGE DRIVE  
 PENSACOLA FL 34452-8874**

2. Principal Place of Business

3. Mailing Address

**504 S. Montgomery Ave**

**504 S. Montgomery Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Inverness, FL**

City & State

**Inverness, FL**

4. FEI Number

**59-3397145**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip

**34452**

Country -

**CITRUS, USA**

Zip

**34452**

Country -

**CITRUS, USA**

6. Name and Address of Current Registered Agent

**JESMONTH, RICHARD E  
 217 A. EAST INTENDENCIA STREET  
 PENSACOLA FL 32501**

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

*Patsy S. Hancock*

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	HANCOCK, BOBBY GENE	5824 FOREST RIDGE DR	PENSACOLA FL	<input type="checkbox"/>
D	STONE HANCOCK, PATSY	5824 FOREST RIDGE DR	PENSACOLA FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		504 S MONTGOMERY AVE	INVERNESS, FL 34452	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		504 S. MONTGOMERY AVE	INVERNESS, FL 34452	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE: *Patsy S. Hancock* **PATSY S. HANCOCK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-17-2000**

Date

**352-637-7150**

Daytime Phone #

CR2E034 (9/99)