

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000077396

1. Entity Name
NORTH CAROLINA ENTERPRISES INC.

Principal Place of Business
18541 KINGBIRD DR.
LUTZ FL 33549

Mailing Address
18541 KINGBIRD DR.
LUTZ FL 33549

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 SEP 25 PM 12:43



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3473310

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANCOCK, MELVIN J JR.
18541 KINGBIRD DR.
LUTZ FL 33549

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP
P HANCOCK, MELVIN J JR 18541 KINGBIRD DR LUTZ FL 33549 ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-10-01 813-769-2312

0118941 AT

CR2E034 (5/01)

North Carolina Enterprises, Inc.

18541 Kingbird Drive
Lutz, FL 33549

MEMO

To: Whom it May Concern / Florida Department of State
From: Mel Hancock Jr. / North Carolina Enterprises
Subject: 2001 Annual Report & Filing Fee
Date: September 10, 2001

To Whom It May Concern:

I have just received your 2001 uniform business report for this year. Due to illness in our business and family we show no record of receiving the earlier reports. My father Mel Hancock Sr. was diagnosed last year with meningitis, and has been making a slow difficult recovery every since. This illness has not only been devastating to him physically but has left him with loss of memory of months prior to, and during his illness. My mother was handling these affairs due to his sickness when she was diagnosed last year with ovarian cancer and has since passed away. Due to his condition she was hands on to daily affairs of the corporation and you original report would have been forwarded to her then back to me for signature. This has been a difficult time for us and the business. We called the phone number in your packet and the gentleman informed us that the report was due 5/01/01 and the fee was \$150.00 if received by that date. We have enclosed a check for the original amount due \$150.00 and request your consideration due to these circumstances which are beyond our control. Thank You,

Sincerely,

Mel Hancock Jr.