

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90019 001 \*\*\*150.00

**DOCUMENT # S31622**

1. Entity Name  
**U CORPORATION, INC.**



Principal Place of Business  
**10474 NORTHCLIFFE BLVD**  
**SPRING HILL FL 34608**

Mailing Address  
**10474 NORTHCLIFFE BLVD**  
**SPRING HILL FL 34608**

00012100



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 **59-3048637**

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

**HANKS, CARRIE**  
**94 OAK VILLAGE BLVD. SO.**  
**HOMOSASSA FL 34446**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 13, 2000 Min. 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>HANKS, CARRIE</b> <b>94 OAK VILLAGE BLVD. SO.</b> <b>HOMOSASSA FL 34446</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED **8-8-00** **352-6869770**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

Attachment Doc# 5310  
081500  
A0072 ✓

**U CORPORATION, INC.**  
**10474 Northcliffe Blvd.**  
**Spring Hill, FL 34608**

August 9, 2000

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

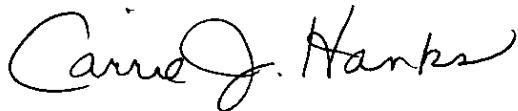
RE: U Corporation, Inc.  
59-3048637

Dear Sir/Madam:

Enclosed please find my UBR for 2000 with a check for \$150.

Please be advised that I did not receive the first notice of my 2000 Uniform Business Report and am asking that you kindly abate the \$400 penalty.

Sincerely,



Carrie J. Hanks  
President