

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90059 010 \*\*\*150.00

**DOCUMENT # S31622**

1. Entity Name

**U CORPORATION, INC.**

Principal Place of Business <b>10474 NORTHCLIFFE BLVD SPRING HILL FL 34608</b>	Mailing Address <b>10474 NORTHCLIFFE BLVD SPRING HILL FL 34608</b>
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>5563 ASHLAND DR.</b> Suite, Apt. #, etc.	3. Mailing Address <b>5563 ASHLAND DR.</b> Suite, Apt. #, etc.
--	--

City & State <b>Springhill - Florida</b>	City & State <b>Springhill - Florida</b>
Zip <b>34606</b>	Zip <b>34606</b>
Country <b>HERNANDO</b>	Country <b>HERNANDO</b>

4. FEI Number <b>59-3048637</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**HANKS, CARRIE**  
**94 OAK VILLAGE BLVD. SO.**  
**HOMOSASSA FL 34446**

7. Name and Address of New Registered Agent  
 Name  
**HANKS, CARRIE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5563 ASHLAND DR.**  
 City  
**Springhill** FL Zip Code  
**34606**

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 *Carrie J. Hanks, Pres.* **CARRIE J HANKS, PRESIDENT** DATE **1-22-01**  
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 \$150.00**  
**After MAY 1, 2001 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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD HANKS, CARRIE 94 OAK VILLAGE BLVD. SO. HOMOSASSA FL 34446</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD HANKS, CARRIE 5563 ASHLAND DR. Springhill-FLA. 34606</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: *Carrie J. Hanks, Pres.* **CARRIE J. HANKS, PRES.** DATE **1-22-01** 3526864642  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone **6864642**

CR2E034 (10/00)