

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # V65476**1. Entity Name
HOCKMAN LACKEY INSURANCE, INC.**Principal Place of Business**3750 GUNN HIGHWAY
SUITE 3-A
TAMPA
33624

FL

Mailing Address3750 GUNN HIGHWAY
SUITE 3-A
TAMPA
33624

FL

2. Principal Place of Business
5680 A WEST CYPRESS3. Mailing Address
P.O. BOX 22668

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TAMPA

FL

City & State
TAMPA

FL

4. FEI Number
59-3143087

Applied For

Not Applicable

Zip
33622

Country

Zip
33622

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****HOCKMAN, RONALD S.**
3750 GUNN HWY., SUITE 3ATAMPA
33624

FL

US

7. Name and Address of New Registered Agent

Name

HOCKMAN RONALD SStreet Address (P.O. Box Number is Not Acceptable)
5680 A WEST CYPRESS STREETCity
TAMPA

FL

Zip Code
33622

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 **RONALD S. HOCKMAN****05/01/2001**

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, 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**TITLE **D** ☒ Delete
NAME **HOCKMAN, RONALD S.**
STREET ADDRESS **3750 GUNN HIGHWAY**
CITY-ST-ZIP **TAMPA FL**TITLE **PST** ☐ Delete
NAME **HOCKMAN, RONALD S.**
STREET ADDRESS **3750 GUNN HIGHWAY**
CITY-ST-ZIP **TAMPA FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PST** ☒ Change ☐ Addition
NAME **HOCKMAN RONALD S**
STREET ADDRESS **5680 A WEST CYPRESS STREET**
CITY-ST-ZIP **TAMPA FL 33622**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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)(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: Ronald S. Hockman

Pres

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)