

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P22395

1. Entity Name

HAND CONSTRUCTION CO., INC.

FILED
Aug 29, 2000 8:00 am
Secretary of State

08-29-2000 90003 015 ***550.00

Principal Place of Business

Mailing Address

P.O. BOX 29159
 SHREVEPORT LA 71149

P.O. BOX 29159
 SHREVEPORT LA 71149-9159

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

72-0891079

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HAND, M. CAYCE	
STREET ADDRESS	5902 BUNCOMBE ROAD	
CITY-ST-ZIP	SHREVEPORT LA	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HAND, VICKY MORELL	
STREET ADDRESS	5902 BUNCOMBE ROAD	
CITY-ST-ZIP	SHREVEPORT LA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

M. Cayce Hand, President

Date

Daytime Phone #

8/24/00

318-686-4170

CR2E034 (9/99)

Certificate of Completion

HG & Associates, Inc.
Sponsor CILB 04P0351 - ECLB 00-0141

This Certifies that

M. Cayce Hand
CG C045217

Has completed 14 hours of continuing education in Dallas, TX on July 11 & 12, 2000 by attending "Business Requirements: Practical Tools for Building Bigger Profits" Course CILB 04P0351-3A, ECLB 00-0141-003 and "Core Business Requirements - Project Management Tools and Applications for Successfully Managing Construction Projects for Maximum Results" Course CILB 04P0351-4A, ECLB 00-0141-002. Both courses satisfy the requirements of 1 hour Business, 1 Hour Workplace Safety and 1 hour of Worker's Compensation.

HG & Associates, Inc.
Sponsor CILB 04P0351 - ECLB 00-0141

Instructor:

