

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 04, 2002 8:00 am
Secretary of State

05-13-2002 90152 001 ***150.00

DOCUMENT # **PO1000105795**

1. Entity Name

HANDYMAN TRUST MAINTENANCE, CORP.

DO NOT WRITE IN THIS SPACE

91395

2. Principal Place of Business

P O BOX 50242

Suite, Apt. #, etc.

3. Mailing Address

14926 SW 141 PL

Suite, Apt. #, etc.

City & State

FORT MAYERS

City & State

MIAMI

Zip

FL

Country

33994

Zip

FL

Country

33186

4. FBT Number

65-1149236

5. Certificate of Status Desired ☐

\$8.75

Annual Fee

7. Name and Address of Current Registered Agent

Name

IDELFONSO CRUZ

Street Address (If C. Box Number is Not Acceptable)

15420 MANGO DR.

City

PUNTA GORDA

FL

33955

8. If 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]

IDELFONSO CRUZ.

5/30/2002

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. See criteria on back. ☐

10. Election Campaign Financing
Total Entity Contribution ☐

\$5,000

11. OFFICERS AND DIRECTORS

PRESIDENT.
PAUL RICHARDSON
15420 MANGO DR.
PUNTA GORDA FL 33955

VICEPRESIDENT
IDELFONSO CRUZ
15420 MANGO DR.
PUNTA GORDA FL 33955

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I declare that the information 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. I attach herewith an address, with all other like empowered.

SIGNATURE:

[Signature]

IDELFONSO CRUZ

5/30/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR