

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000024472

FILED
Mar 20, 2020
Secretary of State
3429334532CC

Entity Name: HANDYMAN HOME REPAIR SERVICE OF PINELLAS, INC.

Current Principal Place of Business:

11327-43 STREET NORTH
CLEARWATER, FL 34622

Current Mailing Address:

11327-43 STREET NORTH
CLEARWATER, FL 34622 US

FEI Number: 59-3307835

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALLBRITTEN, JAMES K
11327-43 STREET NORTH
CLEARWATER, FL 34622 US

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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name ALLBRITTEN, JAMES K
Address 11327 43RD ST N
City-State-Zip: CLEARWATER FL 33762

Title T
Name ALLBRITTEN, JAMES K
Address 11327 - 43RD STREET N.
City-State-Zip: CLEARWATER FL 33762

Title S
Name ALLBRITTEN, JAMES K
Address 11327 43RD ST N
City-State-Zip: CLEARWATER FL 33762

Title V
Name DISALVATORE, JOSEPH P
Address 11327 43RD ST N
City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR
Name GOLDBERG, LAURA A
Address 11281 43RD STREET NORTH
City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR
Name ALLBRITTEN, SHERYL A
Address 3850 TALAH DR
City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR
Name FABRIZI, RICHARD J JR.
Address 11281 43RD STREET NORTH
City-State-Zip: CLEARWATER FL 33762

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES K ALLBRITTEN

P

03/20/2020

Electronic Signature of Signing Officer/Director Detail

Date