FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Aug 18, 2002 8:00 am Secretary of State F00000007023 DOCUMENT # 07-18-2002 90134 028 ***150.00 1. Entity Name HANDEX OF COLORADO, INC. 41578 Principal Place of Business Mailing Address 30941 SUNEAGLE DR 400 CORPORATE CENTER, SUITE T GOLDEN CO 80640-5639 MOUNT DORA FL 32757 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 84-1255170 Not Applicable Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent-Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVE. TALLAHASSEE FL 32301 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and bite if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE ☐ Addition Chance NAME EATMAN, ROGER NAME STREET ADDRESS 30941 SUNEAGLE DRIVE STREET ADDRESS CR2E034 CITY-ST-7IP **MOUNT DORA FL 32757** CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME BANNON, GEORGE NAME STREET ADDRESS 30941 SUNEAGLE DRIVE STREET ADORESS CITY-ST-ZIP MOUNT DORA FL 32757 CITY-ST-ZIP ☐ Delete Change **VPAS** TITLE F Addition NAME RICHARDS, BRIAN STREET ADORESS 30941 SUNEAGLE DRIVE STREET ADDRESS CITY-ST-ZIP MOUNT DORA FL 32757 CITY-ST-ZIP ☐ Delete TITLE ☐ Chance ☐ Addition NAME TABOR, WILLIAM E JR. NAME STREET ADDRESS 30941 SUNEAGLE DRIVE STREET ADDRESS CITY-ST-7/P MOUNT DORA FL 32757 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME MULLINS, WILLIAM P NAME STREET ADDRESS 30941 SUNEAGLE DRIVE STREET ADDRESS CITY-ST-ZIP **MOUNT DORA FL 32757** CITY-ST-ZIP TITLE X Delete TITLE ☐ Change AS **√**Addition NAME CVERCKO, ALEX MALIF LEON, THERESA STREET ADDRESS 30941 SUNEAGLE DRIVE STREET ADDRESS 30941 SUNEAGLE DR. CITY-ST-ZIP **MOUNT DORA FL 32757** CITY-ST-ZIP 13. I hereby certify that the information supplied with his 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 employeed to effect 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.

August 12, 2002

Florida Dept of State Division of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee, Fl 32302-1500

RE: Handex of Colorado, Inc.

To Whom It May Concern:

I have enclosed the copy of the UBR that was returned to me, along with the letter from the Department of State. The check Handex originally sent has been deposited.

Upon phoning the Department of State, the clerk informed me that I was not specific enough in my first letter.

We have no record of receiving the UBR for Handex of Colorado, Inc., therefore were unable to file timely. Please accept my apologies and waive the late fee.

I appreciate your consideration in this matter.

tur gapa kambu i makapi i Kulendi sembilih mili mili. Ngarajinak di mamati manapi se amati mila pilipi.

Hoole William

Sincerely,

Brooke Williams Corporate Paralegal