

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90015 047 ***150.00

DOCUMENT # F00000007024

1. Entity Name

HANDEX OF CONNECTICUT, INC.

Principal Place of Business

569 MAIN STREET
 MONROE, CT. 06468-2806

Mailing Address

30941 SUNEAGLE DR.
 MT. DORA, FL 32757

817354

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
 59-3530367

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILLIAM E. TABOR, JR.
 30941 SUNEAGLE DR.
 MT. DORA, FL 32757

7. Name and Address of New Registered Agent

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, 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/C	<input type="checkbox"/> Delete
NAME	ROGER EATMAN	
STREET ADDRESS	30941 SUNEAGLE DR.	
CITY-ST-ZIP	MT. DORA, FL 32757	
TITLE	D/P	<input type="checkbox"/> Delete
NAME	GEORGE BANNON	
STREET ADDRESS	30941 SUNEAGLE DR.	
CITY-ST-ZIP	MT. DORA, FL 32757	
TITLE	D	<input type="checkbox"/> Delete
NAME	S.C. CULBRETH	
STREET ADDRESS	30941 SUNEAGLE DR.	
CITY-ST-ZIP	MT. DORA, FL 32757	
TITLE	VP/ASSISTANT SECRETARY	<input type="checkbox"/> Delete
NAME	IRVIN HEATH	
STREET ADDRESS	30941 SUNEAGLE DR.	
CITY-ST-ZIP	MT. DORA, FL 32757	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAM E. TABOR, JR.	
STREET ADDRESS	30941 SUNEAGLE DR.	
CITY-ST-ZIP	MT. DORA, FL 32757	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAM P. MULLINS	
STREET ADDRESS	30941 SUNEAGLE DR.	
CITY-ST-ZIP	MT. DORA, FL 32757	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM E. TABOR, JR., SECRETARY 02/01/01

Date

Daytime Phone #

CR2E034 (11/00)

817354

Doc# F00000007024

OFFICERS OF HANDEX OF CONNECTICUT, INC. CONT

ASSISTANT SECRETARY
ALEX CVEROKO
30941 SUNEAGLE DR.
MT. DORA, FL 32757