2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003
Secretary of State

DOCUMENT# F00000007024

Entity Name: HANDEX OF CONNECTICUT, INC.

Current Principal Place of Business:

569 MAIN STREET
MONROE, CT 064682806

New Principal Place of Business:

Current Mailing Address:

30941 SUNEAGLE DR.
MT. DORA, FL 32757

New Mailing Address:

FEI Number: 59-3530367 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: EATMAN, ROGER
Address: 30941 SUNEAGLE DRIVE
City-St-Zip: MT. DORA, FL 327579784

Title: PD ( ) Delete
Name: BANNON, GEORGE
Address: 30941 SUNEAGLE DRIVE
City-St-Zip: MT. DORA, FL 327579784

Title: VAS ( ) Delete
Name: HEATH, IRV
Address: 30941 SUNEAGLE DRIVE
City-St-Zip: MT. DORA, FL 327579784

Title: S ( ) Delete
Name: TABOR, WILLIAM E JR.
Address: 30941 SUNEAGLE DRIVE
City-St-Zip: MT. DORA, FL 327579784

Title: T ( ) Delete
Name: MULLINS, WILLIAM P
Address: 30941 SUNEAGLE DRIVE
City-St-Zip: MT. DORA, FL 327579784

Title: AS ( ) Delete
Name: LEON, THERESA
Address: 30941 SUNEAGLE DRIVE
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM E TABOR, JR. S 01/06/2003

Electronic Signature of Signing Officer or Director Date