

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000007025

1. Entity Name

HANDEX OF NEW ENGLAND, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90029 002 ***150.00

Principal Place of Business

398 CEDAR HILLS STREET
MARLBOROUGH MA 01752

Mailing Address

398 CEDAR HILLS STREET
MARLBOROUGH MA 01752

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

30941 SUNEAGLE DR.

Suite, Apt. #, etc.

City & State

MT. DORA, FLORIDA, 32757

Zip

32757

Country

LAKE

4. FEI Number

04-3024410

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TABOR, BILL
30941 SUNEAGLE DRIVE
MT. DORA FL 32757-9784

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD ☐ Delete
NAME EATMAN, ROGER
STREET ADDRESS 30941 SUNEAGLE DRIVE
CITY-ST-ZIP MT. DORA FL 32757-9784

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME BANNON, GOERGE
STREET ADDRESS 30941 SUNEAGLE DRIVE
CITY-ST-ZIP MT. DORA FL 32757-9784

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VAS ☐ Delete
NAME HEATH, IRVIN
STREET ADDRESS 30941 SUNEAGLE DRIVE
CITY-ST-ZIP MT. DORA FL 32757-9784

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME TABOR, WILLIAM E JR.
STREET ADDRESS 30941 SUNEAGLE DRIVE
CITY-ST-ZIP MT. DORA FL 32757-9784

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME MULLINS, WILLIAM P
STREET ADDRESS 30941 SUNEAGLE DRIVE
CITY-ST-ZIP MT. DORA FL 32757-9784

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME BLOUT, VINCE
STREET ADDRESS 30941 SUNEAGLE DRIVE
CITY-ST-ZIP MT. DORA FL 32757-9784

TITLE ☐ Change ☐ 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

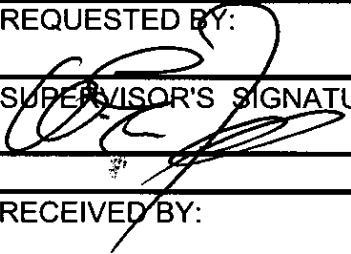
03/26/01 (352) 735-1800

Date

Daytime Phone #

CR2E034 (10/00)

Attachment # F00000007025
531249

HANDEX OF FLORIDA, INC. CHECK OR CASH REQUEST FORM			
AMOUNT: \$150.00	CASH _____ OR CHECK <input checked="" type="checkbox"/>	DATE: REQUESTED: Friday	NEEDED
PAYABLE TO: DEPARTMENT OF STATE-FLORIDA			
ADDRESS: DIVISION OF CORPORATIONS PO BOX 1500			
CITY AND STATE: TALLAHASSEE FL 32302-1500		PHONE	FAX
BILLABLE: YES _____ NO <input checked="" type="checkbox"/>		IS IT ON YOUR T&M? YES _____ NO _____	
REIMBURSEMENT TASK #	CLIENT TASK#	HANDEX TASK#	EXPENSE CODE
CLIENT:	STATION#	LOCATION - JOB#	
CLIENT ADDRESS:			
BUSINESS PURPOSE: ANNUAL REPORT			
PEOPLE INVOLVED: HANDEX OF NEW ENGLAND, INC.			
REQUESTED BY: BROOKE WILLIAMS			
SUPERVISOR'S SIGNATURE: 		DATE ISSUED:	CHECK# OR CASH
RECEIVED BY:		DATE: 03/26/2001	