## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 25, 2000 8:00 am Secretary of State DOCUMENT # F98000002150 1. Entity Name HANDY MANAGEMENT CO, INC. 01-25-2000 90027 048 \*\*\*150.00 Principal Place of Business Mailing Address 4813 ANDREW AVENUE 4813 ANDREW AVENUE SARASOTA FL 34233 SARASOTA FL 34235-7122 2. Principal Place of Business 3.0.36 KIN6-Woo D 3. Mailing Address 036 3036 RINGWOOD MDW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 52-1860491 F6 SARASOTA SARASOTA Not Appe \$8.75 Additional 34235-7122 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 17 ANDY HANDY, M A Street Address (P.O. Box Number is Not Acceptable) **4813 ANDREW AVENUE** SARASOTA FL 34233 Zip Code 3 4 2 3 5 SARASOTA 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550,00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE Change TITLE ☐ Detete HANDY, MERLE A NAME NAME RINGWOOD 3036 STREET ADDRESS 4813 ANDREW AVENUE STREET ADDRESS CITY-ST-71P CITY-ST-ZIP SARASOTA FL 34233 \_ · · · · · ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Additio TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Additio TITLE ☐ Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Additio TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN