

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L17763

FILED
Feb 07, 2002 8:00 AM
Secretary of State

Entity Name: HANDICAPPED SALES WORKSHOP, INC.

Current Principal Place of Business:

2881 WEST MCNAB RD
POMPAÑO BEACH, FL 33069 US

New Principal Place of Business:

2705 GATEWAY DR
POMPAÑO BEACH, FL 33069 US

Current Mailing Address:

2881 WEST MCNAB RD.
POMPAÑO BEACH, FL 33069 US

New Mailing Address:

2705 GATEWAY DR
POMPAÑO BEACH, FL 33069 US

FEI Number: 65-0145557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SASSO, PAUL R
28 WEST FLAGLER STREET
STE 505- COURTHOUSE PLAZA
MIAMI, FL 33130 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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LENIHAN, ELYSE,
Address: 1194 HILLSBORO MILE # 17
City-St-Zip: HILLSBORO BEACH, FL 33062

Title: V () Delete
Name: CHEA, ERNESTO
Address: 6097 NW 77TH DRIVE
City-St-Zip: PARKLAND, FL 33067

Title: V () Delete
Name: FRANCIS, JAMES
Address: 9770 NW 47TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: V () Delete
Name: LENIHAN, JOSEPH G
Address: 1194 HILLSBORO MILE # 7
City-St-Zip: HILLSBORO, FL 33062

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:

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: ELYSE LENIHAN

D

02/07/2002

Electronic Signature of Signing Officer or Director

Date