2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation of changed, or on any

SIGNATURE

May 22, 2002 8:00 am³ Secretary of State DOCUMENT # 42321 1. Entity Name QUICK N' HANDY, INC. 05-22-2002 90118 048 ***150.00 Principal Place of Business Mailing Address P.O. BOX 568 P.O. BOX 568 MACCLENNY FL 32063 MACCLENNY FL 32063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2982501 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent ----GORDON, MICHAEL R. Street Address (P.O. Box Number is Not Acceptable) 4868 WALNUT GROVE CT. JACKSONVILLE FL 32225 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2002 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F TITLE CR2E034 (9/01) ☐ Delete ☐ Addition GORDON, MICHAEL R. NAME NAME 4836 WALNUT GROVE CT. STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32225 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GORDON, CAREN R. NAME NAME STREET ADDRESS 4836 WALNUT GROVE CT. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32225 CITY-ST-ZIP Delete -----TITLE. ☐ Change ☐ Addition GORDON, ANGIE, M NAME NAME STREET ADDRESS 11921 ARBOR LAKE DR. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32225 CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied indicated on this report or supplemental report of the corporation of the receiver or trustee e illing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information

e and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director red to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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