

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M00000000847**

1. Entity Name

HANDYSOURCE LLC

Principal Place of Business

**6620 CORTEZ ROAD WEST -
BRADENTON FL 34210**

Mailing Address

**6620 CORTEZ ROAD WEST
BRADENTON FL 34210**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

58-2495731

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required****6. Name and Address of Current Registered Agent****CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525****7. Name and Address of New Registered Agent**

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002****9. MANAGING MEMBERS / MANAGERS**

TITLE	MGR	<input type="checkbox"/> Delete
NAME	LIE-NIELSEN, JOHN	
STREET ADDRESS	6620 CORTEZ ROAD WEST	
CITY-ST-ZIP	BRADENTON FL 34210	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	DABBS, STEVEN	
STREET ADDRESS	8097 ROSWELL ROAD, BLDG. C101	
CITY-ST-ZIP	ATLANTA GA 30350	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90053 017 ****50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)