

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/26

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90116 036 \*\*\*150.00

DOCUMENT # P00000028788

1. Entity Name

HANDYCAPABLE, INC.

Principal Place of Business

3639 N.W. 108TH BLVD.  
 GAINESVILLE FL 32606

Mailing Address

3639 N.W. 108TH BLVD.  
 GAINESVILLE FL 32606

2. Principal Place of Business

10922 NW 36th Place  
 Suite, Apt. #, etc.

3. Mailing Address

10922 NW 36th Place  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Gainesville, FL  
 Zip 32606 Country

City & State

Gainesville, FL  
 Zip 32606 Country

4. FEI Number

59-3632475

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

LEDVINA, TIM  
 3639 N.W. 108TH BLVD.  
 GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name Tim Ledvina

Street Address (P.O. Box Number is Not Acceptable)

10922 NW 36th Place

City Gainesville

FL

Zip 32606

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

*Tim Ledvina*

*Tim Ledvina*

Signature, typed or printed name of registered agent and filer, 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

TITLE President  
 NAME Gary Ringo  
 STREET ADDRESS 113 Turkey Creek  
 CITY-ST-ZIP Alachua, FL 32615 ☐ Delete

TITLE VP, Treas.  
 NAME Tim Ledvina  
 STREET ADDRESS 10922 NW 36th Place  
 CITY-ST-ZIP Gainesville, FL 32606 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN :

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

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

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

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 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

*Tim Ledvina* Tim Ledvina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01

352331-5399

11358

11358

CR2E034 (10/00)