

63 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 22 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000 36839	
1. Entry Name HANDY CARE INC	

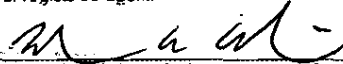
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 802 W. 124TH AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State TAMPA FL	
Zip	Country	Zip 33612	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-3713869		Applied For ☐ Not Applicable
	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name MARK ADKINS		
Street Address (P.O. Box Number is Not Acceptable) 802 W 124TH AVE			
City TAMPA FL 33612			

6. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **9 APR 03**
Signature, typed or printed name of registered agent and title (except state) _____ DATE _____

Signature, typed or printed name of registered agent and title (except state) _____ DATE _____

Signature, typed or printed name of registered agent and title (except state) _____ DATE _____

Signature, typed or printed name of registered agent and title (except state) _____ DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$450.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

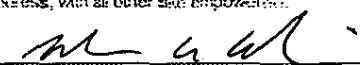
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT MARK ADKINS 802 W 124TH AVE TAMPA, FL 33612	FEI NAME STREET ADDRESS CITY-ST-ZIP 708016393617 04/21/03--01053--015 \$150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 115.07(3)(i), Florida Statutes. I further certify that the information provided 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 provided by Chapter 607, Florida Statutes; and that my name appears in Block 10, or an amendment with an address, with all other fee empowered.

SIGNATURE:  **9 APR 03 (813) 786-6654**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____

CR2E034B (12/02)

9/1/23