

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90771 001 \*\*\*\*13.75  
 05-22-2001 90771 002 \*\*\*\*150.00

**DOCUMENT # P00000044289**  
 1. Entity Name  
**HANDYMAN SERVICE AND INVESTMENT CORPORATION**



Principal Place of Business  
**1580 FORT SMITH BOULEVARD**  
**DELTONA FL 32725**

Mailing Address  
**1580 FORT SMITH BOULEVARD**  
**DELTONA FL 32725**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1580 FORT SMITH BOULEVARD**

Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**DELTONA, FLORIDA**

Zip  
**32725**

Country  
**Volusia**

City & State

Zip

Country

4. FEI Number **59-3728617**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**SIERRA, CARMELO JR.**  
**1580 FORT SMITH BOULEVARD**  
**DELTONA FL 32725**

## 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)

**July 5, 2001**  
 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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SIERRA, CARMELO JR.</b> <b>1580 FORT SMITH BOULEVARD</b> <b>DELTONA FL 32725</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SIERRA, DAVID</b> <b>998 MERIMAC STREET</b> <b>DELTONA FL 32725</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>GONZALEZ, HAYDEE</b> <b>1580 FORT SMITH BOULEVARD</b> <b>DELTONA FL 32725</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>GLADYS E. QUILES-SIERRA</b> <b>662 ARMADILLO DRIVE</b> <b>DELTONA, FLORIDA 32725</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/05/01**  
 Date

**(407) 574-0784**  
 Daytime Phone #

CR2E034 (5/01)

Attachment Doc # 00000044289 9661

Form **SS-4**

# Application for Employer Identification Number

EIN **59-3728617**

(Rev. April 2000)  
Department of the Treasury  
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) <b>HANDYMAN SERVICE AND INVESTMENT CORPORATION</b>	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name <b>CARMELO SIERRA, JR.</b>
	4a Mailing address (street address) (room, apt., or suite no.) <b>1580 FOR SMITH BLVD.</b>	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code <b>DELTONA, FLORIDA 32725</b>	5b City, state, and ZIP code
	6 County and state where principal business is located <b>VOLUSIA, FLORIDA</b>	
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ► <b>CARMELO SIERRA, JR. SS# 581-37-1664</b>	

8a Type of entity (Check only one box.) (see instructions)  
Caution: If applicant is a limited liability company, see the instructions for line 8a.

- |   |   |
|---|---|
| <input type="checkbox"/> Sole proprietor (SSN)                    | <input type="checkbox"/> Estate (SSN of decedent)   |
| <input type="checkbox"/> Partnership                              | <input type="checkbox"/> Plan administrator (SSN)   |
| <input type="checkbox"/> REMIC                                    | <input checked="" type="checkbox"/> Other corporation (specify) ► <b>REAL ESTATE (HOUSE RENTAL) AND HANDYMAN SERVICES</b> |
| <input type="checkbox"/> State/local government                   | <input type="checkbox"/> Trust  |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Federal government/military  |
| <input type="checkbox"/> Other nonprofit organization (specify) ► | (enter GEN if applicable)   |
| <input type="checkbox"/> Other (specify) ►                        |   |

8b If a corporation, name the state or foreign country (if applicable) where incorporated State **FLORIDA** Foreign country

- 9 Reason for applying (Check only one box.) (see instructions)
- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Started new business (specify type) ► | <input type="checkbox"/> Banking purpose (specify purpose) ►               |
| <input type="checkbox"/> Hired employees (Check the box and see line 12.) | <input type="checkbox"/> Changed type of organization (specify new type) ► |
| <input type="checkbox"/> Created a pension plan (specify type) ►          | <input type="checkbox"/> Purchased going business                          |
|   | <input type="checkbox"/> Created a trust (specify type) ►                  |
|   | <input type="checkbox"/> Other (specify) ►                                 |

10 Date business started or acquired (month, day, year) (see instructions) **05/15/2000 (REGISTERED/BUT NOT OPERATING)**

11 Closing month of accounting year (see instructions) **APRIL**

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . ► **N/A**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) . . . . .

Nonagricultural	Agricultural	Household
		<b>-0-</b>

14 Principal activity (see instructions) ► **REAL ESTATE AND HANDYMAN SERVICES**

15 Is the principal business activity manufacturing? . . . . . ☐ Yes ☒ No  
If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale) ☒ Public (retail) ☐ Other (specify) ► ☐ N/A

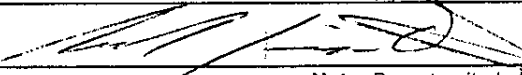
17a Has the applicant ever applied for an employer identification number for this or any other business? . . . . . ☐ Yes ☒ No  
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.  
Legal name ► Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.  
Approximate date when filed (mo., day, year) City and state where filed Previous EIN  
**05/01/2000 ORLANDO, FLORIDA**

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ► <b>CARMELO SIERRA, JR., PRESIDENT</b>	Business telephone number (include area code) <b>(407) 574-0784</b>
	Fax telephone number (include area code) <b>(386) 789-5417</b>

Signature ►  Date ► **July 5, 2001**

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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Attachment 9661  
Dir. # P00000044289

July 6, 2001

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. Box 1500  
TALLAHASSEE, FLORIDA 32302-1500

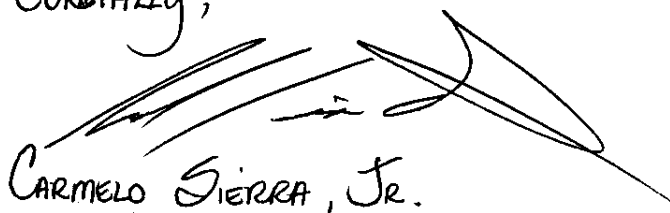
REFERENCE #: P00000044289  
SUBJECT: HANDYMAN SERVICE  
AND INVESTMENT CORPORATION

TO WHOM IT MAY CONCERN:

AS REQUESTED IN A LETTER DATED JUNE 5, 2001,  
PLEASE FIND INCLUDED HERewith OUR ANNUAL REPORT/  
UNIFORM BUSINESS REPORT, WITH BLOCK 4 WITH OUR  
FEDERAL EMPLOYER IDENTIFICATION NUMBER COMPLETED.  
ALSO A CHANGE HAS BEEN MADE IN BLOCK 11 REGARDING  
OFFICERS AND DIRECTORS.

PLEASE ACCEPT OUR APOLOGIES FOR THE DELAY IN  
PROVIDING THE FEI NUMBER, SINCE IT TOOK US  
UNTIL TODAY TO GET ONE FROM THE IRS.

Cordially,



CARMELO SIERRA, JR.  
PRESIDENT