

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-30-2002 91602 010 \*\*\*150.00

**DOCUMENT # P00000093706**

1. Entity Name

HANDS TRUCKING

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1041 SW 4TH TERRACE

Suite, Apt. #, etc.

3. Mailing Address

1041 SW 4TH TERRACE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
DEERFIELD BEACH FL

City & State  
DEERFIELD BEACH FL

4. FEI Number  
65-1063893

Applied For  
Not Applicable

Zip  
33441

Country  
USA

Zip  
33441

Country  
USA

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
TODD NEAL

Street Address (P.O. Box Number is Not Acceptable)  
1041 SW 4TH TERRACE

City  
DEERFIELD BEACH FL Zip Code  
33441

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

TODD NEAL

04/30/02

Signature, typed or printed name of registered agent and title 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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
PRESIDENT  
TODD NEAL  
1041 SW 4TH TERRACE  
DEERFIELD BEACH FL 33441

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

TODD NEAL

04/30/02 561-863-0092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #