## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P01000015161 **DOCUMENT #**

1. Entity Name



**FILED** Mar 10, 2003 8:00 am Secretary of State

HOUSE	& APTS HANDYMAN, INC.						03 10 2003 9013 1010	150	3.00	
Principal Place of Business 724 ORCHARD AVE ORMOND BEACH FL 32174			Mailing Address 724 ORCHARD AVE ORMOND BEACH FL 32174							
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2. Principal	Place of Business	3. Mailing Address				$\dashv$				
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.				$\dashv$	☐ CHECK HERE IF MAKING CHANGES			
City & Sta	ate	City & State				4	4 EE) Number			
Zip	Country	Zip Cou			Country		59-3727323		ot Applicable	
				Coun			5. Certificate of Status Desired		dditional ed	
	6. Name and Address of Curren	t Register	ed Agent			7.	. Name and Address of New Registered Age			
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724 ORC	HARD AVE BEACH FL 32174				Street Addre	ss (P.O.	Box Number is Not Acceptable)			
OHMOND	DEACH FE 321/4				City	<del></del>	FL	Zip Coc	de	
8. The above	named entity submits this statement for	or the purp	oose of changing it	ts registere	L ed office or regi	stered a	agent, or both, in the State of Florida. I am fam	•		
the obliga	tions of registered agent.			-	·		S , s s s s s s s s s s s s s s s s s s	mice with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if any	olicable (NO	ATC: Desire			,			
		and men ap	T (NO	TE: Hegistered	Agent signature req	uired when	o reinstating) DATE		.,	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department o	f State					9. Election Campaign Financing Trust Fund Contribution.  []	\$5.0 Added	00 May Be d to Fees	
10.	OFFICERS AND	DIRECTO	PRS	11,		Ā	L DDITIONS/CHANGES TO OFFICERS AND DI	RECTOR	S IN 11	
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IAME			Dalete	NAME			Ц	Change	Addition	
TREET ADDRESS				STREET	ADDRESS					
TY-ST-ZIP			Th.	CITY-S					1	
of the corn	ertify that the information supplied with on this report or supplemental report is ioration or the receiver or trustee empor or on an attachment with an address, w	word to a	wood to this seement	the exeminy signatures as required	ption stated in S e shall have the d by Chapter 60	Section e same 07, Flori	119.07(3)(i), Florida Statutes. I further certify the legal effect as if made under oath; that I am ard da Statutes; and that my name appears in Bloom	nat the int officer o ck 10 or I	formation or director Block 11 if	

SIGNATURE: