2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000038239

1. Entity Name
DO ALL HANDYMAN, INC.

FILED
04 MAY 21 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2151 SUNSET STRIP SUNRISE FL 33313	2151 SUNSET STRIP SUNRISE FL 33313

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-1105201 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LINDOR, FRITZNER
2151 SUNSET STRIP
SUNRISE FL 33313

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 ✓ 02-15-02
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) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LINDOR, FRITZNER 2151 SUNSET STRIP SUNRISE FL 33313 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500037433385 05/28/04--01053--008 **150.00
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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: ✓ 03-15-02 954-572-3149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JOHN SANTOPIETRO
ACCOUNTANT

GENTLEMEN:

I'M SORRY THAT THIS PAYMENT IS LATE.. MY DAUGHTER BECAME ILL AND I HAD TO GO TO ATLANTA, GA FOR 10 DAYS AT THE TIME THE REPORT WAS DUE.

WITH THE WORRY OF MY DAUGHTER I FORGOT ABOUT THE REPORT UNTIL NOW.

I WOULD APPRECIATE IT VERY MUCH IF YOU WOULD WAIVE THE PENALITY THIS TIME DUE TO THE ILLNESS OF MY DAUGHTER.

SINCERELY YOURS,

FRITZNER LINDOR

7040 W. Palmetto Park Rd. # 4121 Boca Raton, Fl. 33433-4335
Phone: 561-218-2035 Fax: 561-361-4335