

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90082 008 ***163.75

DOCUMENT # P01000049082 ✓
1. Entity Name HANDY MAN SPECIAL INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>W. P. B.</u>		3. Mailing Address <u>4834 21ST COURT NORTH</u>	
Suite, Apt. #, etc. <u>N/A</u>		Suite, Apt. #, etc. <u>N/A</u>	
City & State <u>W. P. B. FL</u>		City & State <u>W. P. B. FL</u>	
Zip <u>33409</u>	Country <u>PALM BCH.</u>	Zip <u>33417</u>	Country <u>PALM BCH</u>

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4. FEI Number <u>ELN # 65-1104755</u>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>SHAWN WALTON</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>4834 21ST CT. NORTH</u>	
City <u>W. P. B</u>	Zip Code <u>33417</u>

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 Shawn E. Walton (OWNER) - (PRESIDENT) 5-01-02
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	<u>P, T, S.</u> <u>SHAWN WALTON</u> <u>4834 21ST COURT NORTH</u> <u>W. P. B. FL 33417</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>N/A</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>N/A</u>	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: Shawn E. Walton - SHAWN E. WALTON 5-01-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 561351 3851

CR2E034B (12/01)