

2002 UNIFORM BUSINESS REPORT (UBR)

0012623 AV

DOCUMENT # P01000092665

1. Entity Name
J D GENERAL HANDYMAN, INC.

FILED

02 OCT 28 PM 5:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3005 W AMELIA ST
ORLANDO FL 32805

Mailing Address

3005 W AMELIA ST
ORLANDO FL 32805

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3745843

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUTIERREZ, JUAN
3005 W AMELIA ST
ORLANDO FL 32805

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Juan Gutierrez*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10 24 02

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 13, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME GUTIERREZ, JUAN
STREET ADDRESS 3005 W AMELIA ST
CITY-ST-ZIP ORLANDO FL 32805 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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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:

Juan Gutierrez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10 24 02

CR2E034 (4/02)

JUAN A. GUTIERREZ
407-299-1629
3005 W. AMELIA ST.
ORLANDO, FL 32805

Division of corporations
One Hundred and Fifty
Bank of America.

ACH R/T 063100277

For added security, the
account number no longer
appears on this copy.

\$ 1076

2-22-02

BAL. FOR'D

THIS
PAYMENT

BALANCE

OTHER

BAL. FOR'D

150.00

1076 NOT NEGOTIABLE

(407) 929-2824
(401) 299-1629 hn.

This is the check # number
were the Report was filed on
2/22/02 and Paid for \$150.00
Please Reinstate my corporation.
Thank You.