


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 001 000115213

1. Entity Name *HANDS ON CONSTRUCTION OF BREVARD, INC.*
1310 PRUM AVE NW
PALM BAY, FL. 32907



FILED

03 JUN 13 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1310 PRUM AVE NW

3. Mailing Address
TAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PALM BAY, FL.

City & State

4. FEI Number
52-2762300

Applied For
Not Applicable

Zip
32907

Country
U.S.A.

Zip

Country

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
FRANK BRUNN

Street Address (P.O. Box Number is Not Acceptable)
407 E NEW HAVEN AVE

City
MELBOURNE

FL

Zip Code
32901

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 *[Signature]* 6-11-13

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>SHAWN HAND - PRESIDENT</i> <i>1310 PRUM AVE NW</i> <i>PALM BAY, FL. 32907</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>300020818493</i> <i>06/13/03--01031--004 **150.00</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>DANNY WRIGHT - VICE PRES</i> <i>1310 PRUM AVE NW</i> <i>PALM BAY, FL 32907</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Jacqueline HAND - SEC</i> <i>1310 PRUM AVE NW</i> <i>PALM BAY FL 32907</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Shawn Hand* *S. Hand* 6-11-13 321-727-2672

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)