2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P02000053108 DOCUMENT

1. Entity Name

"ON TIME" HANDYMAN SERVICES, INC.



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90440 048 ***150.00

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Principal Place of Business 1078 SOUTH FORK CIRCLE MELBOURNE FL 32901		Mailing Address 1078 SOUTH FORK CIRCLE MELBOURNE FL 32901							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc. 1078 SOUTH FORK CIRCLE		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State MELICOURNE, FL.		City & State MELISOURUE, FL.		1	4. FEI Number 02-0607114	-	Applied For Not Applicable		
Zip 32901	Country TSREVARD	^{Zip} 32901	Cou BR	ntry EVAKD	5. Certificate of Status Desired	Fee Re	Additional equired		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
MATLACK, GREGORY L SR 1078 SOUTH FORK CIRCLE			Name Street Address (P.O. Box Number is Not Acceptable)						
MELBOURNE FL	32901			City		■■ Zin	Code		
SIGNATURE GREA	SORY L. MATLAC	IK SR.	ruf	Made	ered agent, or both, in the State of Florida. 1	am familiar			
oignature, i	typed or printed name of registered agent	and title it applicable. (NOTE	E: Registere	id Agent signature requir	ed when reinstating) DAT	E			

- FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 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	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
l	PRESIDENT Delete	TITLE	VICE PRESIDENT	☐ Change	Addition		
NAME	GREG MATLACK	NAME	DONNA L. MATLACK	_	_		
STREET ADDRESS	1078 SOUTH FORK CIRCLE	STREET ADDRESS	1078 SOUTH FORK CIRCLE		(
CITY-ST-ZIP	MELBOURNE, FL. 32901	CITY-ST-ZIP	MELBOURNE, FL 32901		1		
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY ATMANDAGE