

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90211 040 \*\*\*150.00

DOCUMENT # **P02000062443**



1. Entity Name  
**YOUR-HANDYMAN, INC.**

Principal Place of Business  
**7 FISHERMANS COVE  
PONTE VEDRA BCH FL 32082**

Mailing Address  
**7 FISHERMANS COVE  
PONTE VEDRA BCH FL 32082**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**342 9th Street**

Suite, Apt. #, etc.  
**342 9th Street**

City & State  
**Atlantic Beach, FL**

City & State  
**Atlantic Beach, FL**

4. FEI Number  
**01-0716767**

Applied For  
Not Applicable

Zip Country  
**32233 USA**

Zip Country  
**32233 USA**

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

**FILTHAUT, BLAINE H  
7 FISHERMANS COVE  
PONTE VEDRA BCH FL 32082**

Name

Street Address (P.O. Box Number is Not Acceptable)

**342 9th Street**

City **Atlantic Beach**

**FL**

Zip Code  
**32233**

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, typed or printed name of registered agent and title in parentheses.

**Blaine H. Filthaut, President Feb 11/03**  
(NOTE: Registered Agent signature required when reinstating) DATE

**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

TITLE  Delete  
NAME **PDT**  
STREET ADDRESS **FILTHAUT, BLAINE H**  
CITY-ST-ZIP **7 FISHERMANS COVE  
PONTE VEDRA BCH FL 32082**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **342 9th Street**  
CITY-ST-ZIP **Atlantic Beach, FL 32233**

TITLE  Delete  
NAME **VS**  
STREET ADDRESS **OMLOR, LEO**  
CITY-ST-ZIP **7926 PAINTED OAK DR  
JACKSONVILLE FL 32210**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
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TITLE  Change  Addition  
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TITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Feb 11/03**  
Date

Daytime Phone #

CRPF034 (10/02)