

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90816 033 ***150.00

DOCUMENT # P02000067915			
1. Entity Name FRED KISTNER HANDYMAN, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 538 DIJON DRIVE <small>Suite, Apt. #, etc.</small>		3. Mailing Address 538 DIJON DRIVE <small>Suite, Apt. #, etc.</small>	
City & State MELBOURNE, FL		City & State MELBOURNE, FL	
Zip 32935 Country BREVARD		Zip 32935 Country BREVARD	
4. FEI Number 01-0726174		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name FRED KISTNER			
Street Address (P.O. Box Number is Not Acceptable) 538 DIJON DRIVE			
City MELBOURNE		FL Zip Code 32935	
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 _____ <small>Signature, typed or printed, name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 empowerments.			
SIGNATURE: Fred Kistner		Date 4-28-03 Daytime Phone # 321-757-5626	

CR2E034B (12/02)