

**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
Suite, Apt. #, etc.

3. Mailing Address
538 DIJON DRIVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MELBOURNE, FL

City & State
MELBOURNE, FL

4. FEI Number
01-0726174

Applied For
 Not Applicable

Zip
32935 Country
BREVARD

Zip
32935 Country
BREVARD

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
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 _____ (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	P FRED KISTNER 538 DIJON DRIVE MELBOURNE, FL 32935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T FRED KISTNER 538 DIJON DRIVE MELBOURNE, FL 32935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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** **4-28-03** **321-757-5626**

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

CR2E034B (12/02)