

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90040 015 ***150.00

0040123 AV

DOCUMENT # **P02000068815**

1. Entity Name
HANDYMAN ON CALL, INC.



Principal Place of Business
~~8191 WEKIVA WAY~~
JACKSONVILLE FL 32256

Mailing Address
8191 WEKIVA WAY
JACKSONVILLE FL 32256



2. Principal Place of Business
10351 Deerwood Club Rd
Suite, Apt. #, etc.

3. Mailing Address
10920 Baymeadows Rd
Suite, Apt. #, etc.
Site 27-120

CHECK HERE IF MAKING CHANGES

City & State
Jacksonville, FL
Zip
32256
Country

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Jacksonville, FL
Zip
32256
Country

4. FEI Number
55-0787582
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOSSEINI, MICHAEL
~~8191 WEKIVA WAY~~ **Add. Correct.**
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name
Michael Hosseini
Street Address (P.O. Box Number is Not Acceptable)
10351 Deerwood Club Rd
City
Jacksonville **FL** Zip Code
32256

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 _____

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSD	HOSSEINI, MICHAEL	8191 WEKIVA WAY add. Correction	JACKSONVILLE FL 32256	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PSD	Michael Hosseini	10351 Deerwood Club Rd	JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

4/8/03 **904-923-8222**
Date Daytime Phone #

CR2E034 (10/02)