

# 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 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. Correc.  
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	PSD HOSSEINI, MICHAEL <del>8191 WEKIVA WAY</del> add. Correction JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Michael Hosseini 10351 Deerwood Club Rd JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4/8/03 904-983-8222  
Date Daytime Phone #

CR2E034 (10/02)