2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P02000104319 **DOCUMENT #**

1. Entity Name

A JOIE'S HANDYMAN SEDVICES INC



Apr 09, 2003 8:00 am Secretary of State

04-09-2003 90102 041 ***150.00

FILED

| LAUCIES MAINDTMAIN SERVICES, INC. | | | | | | | | | | | | | |
|---|---------------------------------------|-------------------------------------|------------------|---------------------|---------------|--|--|--------------------------------------|------------------|----------------------------|------------------------|------------|-------------|
| Principal Place of Business 836 E FLAG LANE 836 E FLAG LANE KISSIMMEE FL 34759 KISSIMMEE FL 34759 | | | | FLAG LANE | | | | | | | | | |
| Principal Place of Business Address Address | | | | | | | 4 100011000 141 00110 14011 00114 0014 | | | IIITÝIII | .1 .5 1011 1501 | | |
| Suite, Apt. #, etc. Suite, Apt | | | | e, Apt. #, etc. | Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES | | | | | |
| City & State | | | City | & State | | | 4. FEI Number 13-4217637 | | | Applied For Not Applicable | | 7 | |
| Zip Country | | Zip | Zip Co | | ountry | | . Certificate of Status Desired | | \$8.75 Fee Re | | |] | |
| | 6. Name | and Address of Current | | | | | 7. | . Name and Address of New Re | gistere | d Agent | | |] |
| | | | | | == | -Name | | | | | = - | - | |
| LAJOIE, BONNIE 836 E FLAG LANE | | | | | Street Addres | Street Address (P.O. Box Number is Not Acceptable) | | | | | | 1 | |
| KISSIMMEE FL 34759 | | | | | | | | | | • | | 1 | |
| | | | | | | City | | | F | L Zip | Code | | |
| | named entity ons of regist | | or the purp | ose of changing its | registere | ed office or regis | stered a | agent, or both, in the State of Flor | ida. I ar | n familiar v | with, a | nd accept | |
| 2 | | | | | | | | • | | | | | |
| SIGNATURE _ | Signature, typed | or printed name of registered agent | and title if app | olicable. (NOTE | : Registere | d Agent signature requ | ired wher | n reinstating) | DATE | | | | l |
| | I E NOWII | 1 EEE IS \$150.00 | | | | | | · T | | | | | 1 |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 | | | | | | | 9. Election Campaign Fina | _ | | | May Be | | |
| Make Check | Payable to | Florida Department o | f State | | ~ | | | Trust Fund Contribution | • | ∐ A | adea | to Fees | |
| 10. | | OFFICERS AND | DIRECTO | DRS | 11. | | P | ADDITIONS/CHANGES TO OFFI | CERS AN | ND DIREC | TORS | IN 11 | 1 |
| | DP | , f. | | ☐ Delete | TITLE | E | | | | ☐ Cha | nge | ☐ Addition | 3 |
| | | LAJOIE, DONALD J | | | | NAME | | | | | | | 10/ |
| | 836 E FLAG LÂNE KISSIMMEE FL 34759 | | | | | ET ADDRESS | | | | | | | F034 (10/02 |
| | | = FL 34/39 | | | - | -ST-ZIP | | | | | | | PPE |
| | DV LAJOIE, BO | NNIE | | ☐ Delete | TITLE | l l | | | | ☐ Cha | nge | ☐ Addition | 2 |
| | 836 E FLA | | | | | ET ADDRESS | | | | | | | ļ |
| | KISSIMME | | | | | -ST-ZIP | | | | | | | I |
| _TITLE | سيزد سين | | ~ | Delete | _ <u>_</u> | | | | | Cha | nge | Addition | - |
| NAME | | | | | NAM | E | | | | | | | |
| STREET ADDRESS | | | | | | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | CITY | -ST-ZIP | | | | | | | ļ |
| TITLE | | | | ☐ Delete | TITLE | | | | | ☐ Cha | nge | ☐ Addition | |
| NAME STREET ADDRESS | | | | | NAM | E ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | • | | | | | -ST-ZIP | | | | | | | ĺ |
| TITLE | | | | ☐ Delete | TITLE | | | | | ☐ Chai | nne | Addition | 1 |
| NAME | | | | - Delete | NAM | | | | | | .g. | | |
| STREET ADDRESS | | | | | STRE | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | 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 addless, with all other like empowered.

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR P

☐ Delete

☐ Change

☐ Addition

80075010

870-9030

DOCUMENT#

Principal Place of Business

SIGNATURE:

P02000104319

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. Entity Name

LAJOIE'S HANDYMAN SERVICES, INC.

| 836 E FLAG L KISSIMMEE FL | | | 836 E FLAG LANE Kissimmee fl 34759 | | | | | | | | | |
|--|--|---|---|--|---------------------------|------------|---|---------------|-----------------------------|------------------------|--|--|
| 2. Principal F | Place of Business | 3. Ma | iling Address | <u>_</u> | | _ | | | | | | |
| Suite, Apt. | . #, etc. | Suit | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | | | |
| City & Star | te | City | & State | | | | FEI Number 3-4217637 | | oplied For of Applicable | | | |
| Zip Country | | ntry Zip | Zip | | Country | | Certificate of Status Desired | | 88.75 Add | | | |
| | 6. Name and Ac | dress of Current Register | ed Agent | | | 7. 1 | Name and Address of New R | egistered A | gent | | | |
| | and the same | سبيء يديد محميد | | | Name | - | | | - T - J | - | | |
| LAJOIE, B | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | |
| 836 E FLA | | | - | | | | | | | | | |
| KISSIMME | E FL 34759 | | | | | | | | | | | |
| | | | | | City | | | FL. | Zip Cod | le | | |
| | tions of registered ag | ent. | | | | | ent, or both, in the State of Fio | | miliar with, | and accept | | |
| · · · · · · · · · · · · · · · · · · · | Signature, typed or printed i | name of registered agent and title if app | olicable. (NOTE: | : Registere | d Agent signature require | od when re | einstating) | DATE | | | | |
| Afte | | IS \$150.00 will be \$550.00 | | | | | Election Campaign Fin Trust Fund Contribution | | | 00 May Be d to Fees | | |
| 10. | | OFFICERS AND DIRECTO | DRS | 11. | | AC | DDITIONS/CHANGES TO OFF | ICERS AND | DIRECTOR | S IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP LAJOIE, DONALD 836 E FLAG LAN KISSIMMEE FL 34 | E | Delete . | | | | \. | | ☐ Change | Addition | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | DV LAJOIE, BONNIE 836 E FLAG LANI KISSIMMEE FL 34 | | ☐ Delete | • | i i | | | | Change | Addition | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | المراويل ويعف الوحيوه في الأ | Oelete | NAMI STRE | ET ADDRESS | | • | | Change | Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAMI STRE | | • | <u> </u> | | ☐ Change | Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | Delete | | í | _ | | - | Change | ☐ Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | · | 1 1944 1 1944 1 1944 | ☐ Delete | | 1 | | | | Change | Addition | | |
| indicated of the cor | on this report or sup- poration or the receiv | plemental report is true and | accurate and that me execute this report a | v signat | ure shall have the | same | 119.07(3)(i), Florida Statutes. I legal effect as if made under o da Statutes; and that my name | ath: that Lac | n an officer | or director | | |