

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90056 040 ***150.00

DOCUMENT # P02000128554

1. Entity Name
HANDYMAN USA, INC.



Principal Place of Business

**1345 PLAYMOOR DR.
PALM HARBOR FL 34683**

Mailing Address

**1345 PLAYMOOR DR.
PALM HARBOR FL 34683**

2. Principal Place of Business

40347 US HWY 19 N

3. Mailing Address

Suite, Apt. #, etc. **SAME**

Suite, Apt. #, etc. **136**

City & State

TARPON SPRINGS FL

City & State

4. FEI Number

02-0657208

Applied For

Not Applicable

Zip

34689

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TSETSEKAS, STEVE
1345 PLAYMOOR DR.
PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent

Name **STEVE TSETSEKAS**

Street Address (P.O. Box Number is Not Acceptable)
40347 US HWY 19 N

SUITE 136

City **TARPON SPRINGS**

FL

Zip Code **34684**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **TSETSEKAS, STEVE**
CITY-ST-ZIP **1345 PLAYMOOR DR.
PALM HARBOR FL 34683**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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STREET ADDRESS
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 address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

STEVE TSETSEKAS 3/21/03 934-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)