

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91150 034 ***150.00

DOCUMENT # **93000083858**

1. Entity Name

Handworks of South Florida, Inc.

DO NOT WRITE IN THIS SPACE

90127167

2. Principal Place of Business

1453 MARVIN LANE

Suite, Apt. #, etc.

3. Mailing Address

1453 MARVIN LANE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SW Ranches, Florida

City & State

SW Ranches, Florida

4. FEI Number

65-0454679

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

33330

BROWARD

Zip

33330

Country

BROWARD

7. Name and Address of Current Registered Agent

Name

Richard Speer

Street Address (P.O. Box Number is Not Acceptable)

1453 MARVIN LANE

City

SW Ranches

FL

Zip Code

33330

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRESIDENT
Richard Speer
1453 MARVIN LANE
SW Ranches, FL 33330**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03

Date

Daytime Phone #