2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2002 8:00 am
Secretary of State
07-10-2002 90184 039 ***150.00

DOCUMENT # **P94000046078**

1. Entity Name
HANDREN ASSOCIATES, INC.

Principal Place of Business	Mailing Address
5818 PRINCESS CAROLINE PL.	5818 PRINCESS CAROLINE PL
LEESBURG FL 34748	LEESBURG FL 34748
US	US

00128312

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3251075 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HANDREN, ROBERT T JR	Name
5818 PRINCESS CAROLINE PL.	Street Address (P.O. Box Number is Not Acceptable)
LEESBURG FL 34748	City FL Zip Code

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

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

FILE NOW!!! FEE IS $550.00
After September 13, 2002 Fee will be $750.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANDREN, ROBERT T JR 5818 PRINCESS CAROLINE PL LEESBURG FL 34748	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANDREN, CHERYL C 5818 PRINCESS CAROLINE PL LEESBURG FL 34748	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (4/02)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 7/8/02 — (352) 314-8829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

07/05/2002 13:15 - 0095:STB - Florida, 00097:Daytona, 00412:Citrus Boulevard, 352-728-4965, F70315 : Annette Teate,

Call Betsmart 4 Docs

P9808000460178

SOUTHTRUST BANK
STOP PAYMENT REQUEST

Date/Time Received 07/05/2002 13:10 Office 00412 Citrus Blvd

☒ ADD ☐ DELETE Sequence # _____

Please stop payment of the item described below.

☒ Stop Payment

☐ Stop Range

☐ Suspect All

Account # 71097053 Bank # 0095

Account Title HANDREN ASSOC INC

and Address 5818 PRINCESS CAROLINE PLACE

LEESBURG FL 34748

Daytime Phone 407-365-6385

Check # 800 Amount $150.00 Date 04/24/2002

Payee SECRETARY OF STATE

Duplicate Check Issued ☐ Yes ☒ No Check # _____ Date _____

Low Check # _____ High Check # _____

Reason/Description _____

Expiration Date 01/06/2003

Instructions Received By: Annette Teate

Bank Employee Signature

We will search for your item by computer, so it is essential that you give us both the correct item number and the exact amount of the item for checks, and the correct date of the transfer and exact amount of the transfer for preauthorized transfers. A stop payment order for a paper item becomes effective once the Bank has been afforded a reasonable opportunity to act upon it, but no earlier than the business day following our receipt of the order.

This stop payment order is subject to provisions of our Rules and Regulations Governing Deposit Accounts, our Agreement and Disclosure Statement for Electronic Fund Users, any other applicable agreement that you have with us, and all applicable laws, rules and regulations.

A stop payment order with respect to an item will remain in effect until the date you designate, which date may not be sooner than six months after the date you initially notify us to stop payment of an item. If you do not designate an expiration date, the stop payment order will remain in effect for six (6) months after the date the order first became effective and will be automatically renewed for additional successive six (6) month periods unless you subsequently revoke the stop payment order in writing.

A stop payment order for a preauthorized transfer must be received three (3) business days or more before the date the payment is scheduled to be made. By signing this form, you certify that the transaction(s) noted was not properly authorized or that a previously existing authorization has since been revoked.

Our stop payment fee is charged at the time of the initial request and again every six (6) months until the stop payment order expires or is revoked (in writing) at your request. The amount of this fee will be that which we are currently charging for stop payment orders at the time this fee is due.

By signing below, you acknowledge that you have read and agree to the provisions of this Stop Payment Request and certify that all of the information provided by you is correct and complete. You further agree to indemnify us and hold us harmless from and against any loss, damages, and expenses (including attorney's fees) we may incur by reason of our refusal to pay any item upon or make any transfer for which you have stopped payment. This indemnification shall survive release and/or expiration of this stop payment order.

Robert I. Handren

Signature of Authorized Signer

7-5-02

Date

RELEASE OF STOP PAYMENT

If you wish to revoke the stop payment order described above, or if you have recovered the item described above, please sign below and return this form to SOUTHTRUST BANK so that we may release the stop payment order.

The stop payment above is revoked.

_____

Signature of Authorized Signer

_____

Date

800143 Rev 07/97

V0801

Attachment to Docket P940004/CP7

HANDREN ASSOCIATES, INC.

FDA CDRH Regulatory Affairs, Laser & Optical Radiation Safety

Member, Regulatory Affairs Professional Society

Member, Association for the Advancement of Medical Instrumentation

Member, American Society for Quality

Past President & Fellow, Laser Institute of America

Fellow, American Society for Laser Medicine and Surgery

Member, American National Standards Institute Safe Use of Lasers Accredited Standards Committee Z136

Member, US Technical Advisory Group to Technical Committee 76 for safe use of lasers standard of the International Electrotechnical Commission

July 8, 2002

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Per the instructions received from an examiner at your office, a second UBR is provided.

The original form was mailed April 14, 2002 and sent via US mail including a SouthTrust Bank check for $150, check number 800, dated April 14, 2002. A review of checking account statements and a visit to a local office of SouthTrust office indicates that this check has not cleared the bank although all other checks around that number have passed.

Enclosed please find a copy of the "STOP PAYMENT REQUEST" we have initiated for this missing check.

A personal check for $150 is enclosed with the second UBR. A personal check is being provided to avoid any problem with the "stop payment" action affecting the second check if it were drawn on the corporate account.

I do not understand why the original form was not received. Please believe me that it was sent.

Please contact me if there are any questions.

Sincerely yours,

Robert T. Handren, Jr., M.S.
President

enclosures

5818 Princess Caroline Place, Leesburg, FL 34748 • (352)314-8829 • (352)314-3022 fax • e-mail: rhandren@comcast.net