2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2003
Secretary of State

DOCUMENT# P94000090236

Entity Name: BED HANDLES, INC.

Current Principal Place of Business:

4825 S TIERNEY DR
INDEPENDENCE, MO 64055 US

New Principal Place of Business:

2905 SW 19TH STREET
BUE SPRINGS, MO 64015 US

Current Mailing Address:

4825 S TIERNEY DR
INDEPENDENCE, MO 64055 US

New Mailing Address:

2905 SW 19TH STREET
BLUE SPRINGS, MO 64015 US

FEI Number: 59-3288401 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEDERSEN, JUNE
629 LAKESHORE DRIVE
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: SHAW, BON F
Address: 1538 SUGARWOOD CIRCLE
City-St-Zip: WINTER PARK, FL 32792

Title: DVS ( ) Delete
Name: SHAW, JULIANN P
Address: 1538 SUGARWOOD CIRCLE
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: SHAW, BON F
Address: 2905 SW 19TH STREET
City-St-Zip: BLUE SPRINGS, MO 64015

Title: DVS (X) Change ( ) Addition
Name: SHAW, JULIANN P
Address: 2905 SW 19TH STREET
City-St-Zip: BLUE SPRINGS, MO 64015

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BON F. SHAW MR. 04/27/2003

Electronic Signature of Signing Officer or Director Date