

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91100 021 ***150.00

DOCUMENT # P95000024352

1. Entity Name
HANDYMAN HOME REPAIR SERVICE OF SARASOTA, INC.



Principal Place of Business
1220 ZACCHINI AVE.
SARASOTA FL 34237
US

Mailing Address
11327 43RD ST N
CLEARWATER FL 34684



☐ CHECK HERE IF MAKING CHANGES

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 **65-0571962**

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

DI SALVATORE, ANGELO
11327 43RD ST N
CLEARWATER FL 34684

Name

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DI SALVATORE, ANGELO	
STREET ADDRESS	11327 43RD ST N	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARCIANO, FRANKLIN A	
STREET ADDRESS	11327 43RD ST. NORTH	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	FABRIZI, RICHARD J	
STREET ADDRESS	870 PINELLAS BAYWAY	
CITY-ST-ZIP	TIERRA VERDE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALLBRITTEN, JAMES K	
STREET ADDRESS	11327 43RD ST N	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
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 persons.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/03

727-577-2468

Date

Daytime Phone #

CR2E034 (10/02)