

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90126 036 \*\*\*150.00

MASTERS AV

**DOCUMENT # P95000024468**

1. Entity Name

**HANDYMAN HOME REPAIR SERVICE OF TAMPA, INC.**

Principal Place of Business

**5448 JETVIEW DR  
TAMPA FL 33614  
US**

Mailing Address

**11327 43RD ST N.  
CLEARWATER FL 34684**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3307839**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DISALVATORE, ANGELO  
11327 43RD ST N.  
CLEARWATER FL 34622**

7. Name and Address of New Registered Agent

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.

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 \$150.00  
After May 1, 2002 Fee will be \$550.00  
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

TITLE PD  
NAME SALVATORE, ANGELO  
STREET ADDRESS 11327 43RD ST N.  
CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE VP  
NAME MARCIANO, FRANKLIN A  
STREET ADDRESS 11327 43RD ST N  
CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE T  
NAME FABRIZI, RICHARD J SR  
STREET ADDRESS 870 PINELLAS BAYWAY  
CITY-ST-ZIP TIERRA VERDE FL ☐ Delete

TITLE S  
NAME ALLBRITTEN, JAMES K  
STREET ADDRESS 11327 43RD CT N  
CITY-ST-ZIP CLEARWATER FL 33762 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-02

727-577-2468  
Date Daytime Phone #

CR2E034 (9/01)