

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000016686

1. Entity Name

HAND TECHNICAL SALES, INC.

Principal Place of Business

119 INLET HARBOR RD
PONCE INLET FL 32127

Mailing Address

119 INLET HARBOR RD
PONCE INLET FL 32127

2. Principal Place of Business

119 INLET HARBOR ROAD

3. Mailing Address

119 INLET HARBOR ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PONCE INLET FL

City & State

PONCE INLET FL

4. FEI Number

59-3437603

Applied For

Not Applicable

Zip
32127

Country
VOLUSIA

Zip
32127

Country
VOLUSIA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAND, JOHN D
119 INLET HARBOR RD
DAYTONA BEACH FL 32127
PONCE INLET, FL 32127

Name

Street Address (P.O. Box Number is Not Acceptable)
119 INLET HARBOR ROAD

City

PONCE INLET

FL

Zip Code
32127

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (10/00)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
HAND, JOHN D
50 INLET HARBOR RD
DAYTONA BEACH FL 32127

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

119 INLET HARBOR ROAD
PONCE INLET FL 32127

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

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

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

JOHN D. HAND, PRES.

1-17-01

Date

Daytime Phone #