

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000016686**

1. Entity Name

HAND TECHNICAL SALES, INC.**FILED****Jan 27, 2001 8:00 am**
Secretary of State

01-27-2001 90075 048 ***150.00

Principal Place of Business

Mailing Address

119 INLET HARBOR RD
PONCE INLET FL 32127**119 INLET HARBOR RD**
PONCE INLET FL 32127**00008752**

DO NOT WRITE IN THIS SPACE

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 FLCity & State
PONCE INLET FL4. FEI Number **59-3437603**

Applied For

Not Applicable

Zip
32127Country
VOLUSIAZip
32127Country
VOLUSIA5. 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

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 ROADCity
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 State10. 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
HAND, JOHN D
50 INLET HARBOR RD
DAYTONA BEACH FL 32127☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
119 INLET HARBOR ROAD
PONCE INLET FL 32127☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN D HAND, PRES.

Date

Daytime Phone #

1-17-01

1/14/01:JFW:CB

CR2E034 (10/00)