

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90134 005 ***150.00

DOCUMENT # P97000035034

1. Entity Name

MR. HANDYMAN SERVICE, INC.



Principal Place of Business

2194 HIGH RIGGER PLACE
FERNANDINA BEACH FL 32034

Mailing Address

PO BOX 1507
FERNANDINA BCH FL 32035

2. Principal Place of Business

404 S. 16th Street

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fernandina Beach, FL

City & State

4. FEI Number

59-3441400

Applied For

Not Applicable

Zip

Country

32034

USA

Zip

Country

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

HOBBY, KIRBY C

2194 HIGH RIGGER PLACE
FERNANDINA BEACH FL 32034

Name

HOBBY, Kirby C.

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

404 S. 16th Street

City

Fernandina Beach FL 32034

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

Kirby C. Hobby
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/03
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 PSTD ☒ Delete
NAME HOBBY, KIRBY C
STREET ADDRESS 2194 HIGH RIGGER PLACE
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE PSTD ☒ Change ☐ Addition
NAME HOBBY, Kirby C
STREET ADDRESS 404 S. 16th Street
CITY-ST-ZIP Fernandina Beach, FL 32034

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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.

SIGNATURE:

Kirby C. Hobby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03
Date

904-321-0405
Daytime Phone #

CR2E034 (10/02)