

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90481 011 ***150.00

DOCUMENT # P98000069915

1. Entity Name
HANDI-HOUSE OF NORTH CENTRAL FLORIDA, INC.

Principal Place of Business

**1670 S WALNUT STREET
 STARKE FL 32091**

Mailing Address

**P.O. BOX 179
 STARKE FL 32091**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1639 S. Walnut St.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Starke F

City & State

4. FEI Number **59-3526141**

Applied For
 Not Applicable

Zip

Country

32091

ELSA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**HAYNES, DAVID
 759 S. CITY ROAD 21
 HAWTHORNE FL 32640**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HAYNES, DAVID	
STREET ADDRESS	759 S COUNTY ROAD 21	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE		<input type="checkbox"/> Delete
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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 Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 **904-964-3330**
 Date Daytime Phone #

CR2E034 (9/01)