

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091451

1. Entity Name  
A & A HANDYMAN & LAWN SERVICE, INC.

Principal Place of Business Mailing Address  
8608 SAND PINE DR 8608 SAND PINE DR  
NAVARRE FL 32566 NAVARRE FL 32566

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

PITTMAN, MARVIN E  
3650 BOB TOLBERT RD  
NAVARRE FL 32566

4. FEI Number 59-3548174 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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, 2000 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 HALL, WAYNE  
STREET ADDRESS 8606 SAND PINE DR  
CITY-ST-ZIP NAVARRE FL 32566 ☐ Delete

TITLE VD  
NAME ESPOSITO, CHIERI  
STREET ADDRESS 6757 LIBERTY ST  
CITY-ST-ZIP NAVARRE FL 32566 ☐ Delete

TITLE STD  
NAME HALL, KATHY  
STREET ADDRESS 8606 SAND PINE DR  
CITY-ST-ZIP NAVARRE FL 32566 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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: Wayne Hall  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/00

Date

(850) 939-5655

Daytime Phone #

CR2E034 (9/99)

FILED  
May 31, 2000 8:00 am  
Secretary of State

05-31-2000 90071 013 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE