

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000052696**1. Entity Name
RON ABBOTT HANDYMAN CO.

| | |
|---|---|
| Principal Place of Business 1307 VALLEY RD. FRUITLAND PARK FL 34731 | Mailing Address 1307 VALLEY RD. FRUITLAND PARK FL 34731 |
|---|---|

| | |
|---|----------------------------------|
| 2. Principal Place of Business 14861 SE 97TH PLACE | 3. Mailing Address PO BOX 866 |
|---|----------------------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|------------------------------|------------------------------|
| City & State OCKLAWAHA FL | City & State OCKLAWAHA FL |
|------------------------------|------------------------------|

| | | | |
|--------------|---------|--------------|---------|
| Zip 32183 | Country | Zip 32183 | Country |
|--------------|---------|--------------|---------|

| | |
|------------------------------------|--|
| 4. FEI Number 59-3582184 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ABBOTT CORRINNE
1307 VALLEY RD.

FRUITLAND PARK FL 34731

7. Name and Address of New Registered Agent

| |
|--|
| Name ABBOTT CORRINNE |
| Street Address (P.O. Box Number is Not Acceptable) 14861 SE 97TH PLACE |
| City OCKLAWAHA FL |
| Zip Code 32183 |

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 **CORRINNE ABBOTT****04/28/2001**

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**

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP ABBOTT RONALD L 1307 VALLEY ROAD FRUITLAND PARK FL 34731 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST ABBOTT CORRINNE 1307 VALLEY ROAD FRUITLAND PARK FL 34731 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP ABBOTT RONALD L 14861 SE 97TH PLACE OCKLAWAHA FL 32183 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST ABBOTT CORRINNE 14861 SE 97TH PLACE OCKLAWAHA FL 32183 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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: **Corrinne Abbott**

DST

04/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)