

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104136

1. Entity Name

HANDY MAN FOR HIRE, INC.

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90033 009 \*\*\*158.75

Principal Place of Business

18826 CLOUD LAKE CIRCLE  
BOCA RATON FL 33496

Mailing Address

18826 CLOUD LAKE CIRCLE  
BOCA RATON FL 33496

2. Principal Place of Business

18826 Cloud Lake Circle  
Suite, Apt. #, etc.

3. Mailing Address

SAME  
Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

SAME

4. FEI Number

65-0972244

☒ Applied For

☐ Not Applicable

Zip

33496

Country

USA.

Zip

SAME

Country

SAME

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WHEELER, THOMAS  
18826 CLOUD LAKE CIRCLE  
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

Name: Thomas M. Wheeler  
Street Address (P.O. Box Number is Not Acceptable):  
18826 Cloud Lake Circle

City: Boca Raton, FL Zip Code: 33496

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: Thomas M. Wheeler Thomas M. Wheeler 2/4/00  
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	PSD	<input type="checkbox"/> Delete
NAME	WHEELER, THOMAS	
STREET ADDRESS	18826 CLOUD LAKE CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Thomas M. Wheeler 2/4/00 1561-274-4622  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)