

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2002 8:00 am**  
**Secretary of State**

07-18-2002 90129 010 \*\*\*150.00

**DOCUMENT # F00000007021**

1. Entity Name  
**HANDEX OF OHIO, INC.**

Principal Place of Business  
**4722-M INTERSTATE DRIVE  
 CINCINNATI OH 45246-1145**

Mailing Address  
**30941 SUNEAGLE DR  
 MOUNT DORA FL 32757**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **31-1374576**

Applied For

Not Applicable

Zip Country

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**

**NRAI SERVICES, INC.  
 526 E. PARK AVE.  
 TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>CD EATMAN, ROGER 30941 SUNEAGLE DRIVE MT. DORA FL 32757-9784</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BANNON, GEORGE 30941 SUNEAGLE DRIVE MT. DORA FL 32757-9784</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS RICHARDS, BRIAN 30941 SUNEAGLE DRIVE MT. DORA FL 32757-9784</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S TABOR, WILLIAM E JR. 30941 SUNEAGLE DRIVE MT. DORA FL 32757-9784</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MULLINS, WILLIAM P 30941 SUNEAGLE DRIVE MT. DORA FL 32757-9784</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS ALEXANDER, MIKE 30941 SUNEAGLE DRIVE MT. DORA FL 32757-9784</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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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:** **WILLIAM E. TABOR, JR. SECRETARY 7-2-02 352.735.1800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)



**HANDEX**<sup>®</sup>  
Practical Environmental Solutions

Attachment  
Document #  
F00000007021  
12214

July 3, 2002

Florida Dept. of State  
Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

RE: Handex of Ohio, Inc.

To Whom It May Concern:

I have enclosed the UBR for Handex of Ohio, Inc and a check for \$150 (one hundred and fifty dollars). I phoned the Dept of State, Corporations Division and was informed that if I wrote a letter of explanation for the delinquency of the report, the late fee would be waived.

We have several different entities that are registered in Florida, and while some of our entities UBR's were processed online, they were not all processed online as they should have been. Therefore, I was under the impression that all reports were completed timely through the online method.

I would appreciate a waiver of the late fee and apologize for the inconvenience. Please accept this report and check as submittal of our Uniform Business Report.

If you have any questions or comments, please call me at 352.735.1800 x174.

Sincerely,

Brooke Williams  
Corporate Paralegal

*[Faint, illegible text, likely a stamp or bleed-through from the reverse side of the page.]*