

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90029 002 ***150.00

DOCUMENT # F00000007025

1. Entity Name

HANDEX OF NEW ENGLAND, INC.

Principal Place of Business

**398 CEDAR HILLS STREET
 MARLBOROUGH MA 01752**

Mailing Address

**398 CEDAR HILLS STREET
 MARLBOROUGH MA 01752**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

30941 SUNEAGLE DR.

Suite, Apt. #, etc.

City & State

MT. DORA, FLORIDA, 32757

Zip

32757

Country

LAKE

4. FEI Number

04-3024410

Applied For

Not Applicable

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

**TABOR, BILL
 30941 SUNEAGLE DRIVE
 MT. DORA FL 32757-9784**

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, 2001 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 | CD | <input type="checkbox"/> Delete |
| NAME | EATMAN, ROGER | |
| STREET ADDRESS | 30941 SUNEAGLE DRIVE | |
| CITY-ST-ZIP | MT. DORA FL 32757-9784 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | BANNON, GOERGE | |
| STREET ADDRESS | 30941 SUNEAGLE DRIVE | |
| CITY-ST-ZIP | MT. DORA FL 32757-9784 | |
| TITLE | VAS | <input type="checkbox"/> Delete |
| NAME | HEATH, IRVIN | |
| STREET ADDRESS | 30941 SUNEAGLE DRIVE | |
| CITY-ST-ZIP | MT. DORA FL 32757-9784 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | TABOR, WILLIAM E JR. | |
| STREET ADDRESS | 30941 SUNEAGLE DRIVE | |
| CITY-ST-ZIP | MT. DORA FL 32757-9784 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | MULLINS, WILLIAM P | |
| STREET ADDRESS | 30941 SUNEAGLE DRIVE | |
| CITY-ST-ZIP | MT. DORA FL 32757-9784 | |
| TITLE | AS | <input type="checkbox"/> Delete |
| NAME | BLOUT, VINCE | |
| STREET ADDRESS | 30941 SUNEAGLE DRIVE | |
| CITY-ST-ZIP | MT. DORA FL 32757-9784 | |

| | | |
|----------------|--|---|
| 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 |
| NAME | | |
| 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM E. TABOR, JR., SECRETARY

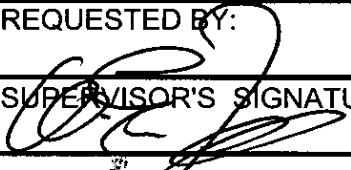
03/26/01 (352) 735-1800

Date

Daytime Phone #

CR2E034 (10/00)

Attachment # F0000007025
531249

| HANDEX OF FLORIDA, INC. CHECK OR CASH REQUEST FORM | | | |
|--|---|--|-----------------|
| AMOUNT: \$150.00 | CASH _____ OR CHECK <input checked="" type="checkbox"/> | DATE: REQUESTED: Friday | NEEDED |
| PAYABLE TO: DEPARTMENT OF STATE-FLORIDA | | | |
| ADDRESS: DIVISION OF CORPORATIONS PO BOX 1500 | | | |
| CITY AND STATE: TALLAHASSEE FL 32302-1500 | | | |
| | | PHONE | FAX |
| BILLABLE: YES _____ NO <input checked="" type="checkbox"/> | | IS IT ON YOUR T&M? YES _____ NO _____ | |
| REIMBURSEMENT TASK # | CLIENT TASK# | HANDEX TASK# | EXPENSE CODE |
| CLIENT: | STATION# | LOCATION - JOB# | |
| CLIENT ADDRESS: | | | |
| BUSINESS PURPOSE: ANNUAL REPORT | | | |
| PEOPLE INVOLVED: HANDEX OF NEW ENGLAND, INC. | | | |
| REQUESTED BY: BROOKE WILLIAMS | | | |
| SUPERVISOR'S SIGNATURE:  | | DATE ISSUED: | CHECK# OR CASH |
| RECEIVED BY: | | DATE: 03/26/2001 | |