

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F00000007025

FILED  
Feb 06, 2003  
Secretary of State

Entity Name: HANDEX OF NEW ENGLAND, INC.

**Current Principal Place of Business:**

398 CEDAR HILLS STREET  
MARLBOROUGH, MA 01752

**New Principal Place of Business:**

**Current Mailing Address:**

30941 SUNEAGLE DR  
MOUNT DORA, FL 32757

**New Mailing Address:**

FEI Number: 04-3024410

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: EATMAN, ROGER  
Address: 30941 SUNEAGLE DRIVE  
City-St-Zip: MT. DORA, FL 327579784

Title: PD ( ) Delete  
Name: BANNON, GOERGE  
Address: 30941 SUNEAGLE DRIVE  
City-St-Zip: MT. DORA, FL 327579784

Title: VAS ( ) Delete  
Name: HEATH, IRVIN  
Address: 30941 SUNEAGLE DRIVE  
City-St-Zip: MT. DORA, FL 327579784

Title: S ( ) Delete  
Name: TABOR, WILLIAM E JR.  
Address: 30941 SUNEAGLE DRIVE  
City-St-Zip: MT. DORA, FL 327579784

Title: T ( ) Delete  
Name: MULLINS, WILLIAM P  
Address: 30941 SUNEAGLE DRIVE  
City-St-Zip: MT. DORA, FL 327579784

Title: AS ( ) Delete  
Name: BLOUT, VINCE  
Address: 30941 SUNEAGLE DRIVE  
City-St-Zip: MT. DORA, FL 327579784

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM E TABOR, JR

S

02/06/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date