

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**  
 03-27-2001 90658 002 \*\*\*150.00

**DOCUMENT #** F00000007026 ✓

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

<b>Principal Place of Business</b> 1701 W. QUINCY, UNIT 8 NAPERVILLE, IL 60540-6687	<b>Mailing Address</b> 30941 SUNEAGLE DR. MT. DORA, FL 32757
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

A0038299

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 36-3785464	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required.</b>	

<b>6. Name and Address of Current Registered Agent</b>  WILLIAM E. TABOR, JR. 30941 SUNEAGLE DR. MT. DORA, FL 32757	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution!</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> D/C <input type="checkbox"/> Delete	<b>NAME</b> ROGER EATMAN <b>STREET ADDRESS</b> 30941 SUNEAGLE DR. <b>CITY-ST-ZIP</b> MT. DORA, FL 32757	<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D/P <input type="checkbox"/> Delete	<b>NAME</b> GEORGE BANNON <b>STREET ADDRESS</b> 30941 SUNEAGLE DR. <b>CITY-ST-ZIP</b> MT. DORA, FL 32757	<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> V/P & ASSISTANT SECRETARY <input type="checkbox"/> Delete	<b>NAME</b> BRIAN RICHARDS <b>STREET ADDRESS</b> 30941 SUNEAGLE DR. <b>CITY-ST-ZIP</b> MT. DORA, FL 32757	<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> S <input type="checkbox"/> Delete	<b>NAME</b> WILLIAM E. TABOR, JR. <b>STREET ADDRESS</b> 30941 SUNEAGLE DR. <b>CITY-ST-ZIP</b> MT. DORA, FL 32757	<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> T <input type="checkbox"/> Delete	<b>NAME</b> WILLIAM P. MULLINS <b>STREET ADDRESS</b> 30941 SUNEAGLE DR. <b>CITY-ST-ZIP</b> MT. DORA, FL 32757	<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> ASSISTANT SECRETARY <input type="checkbox"/> Delete	<b>NAME</b> ROGER E. WELL <b>STREET ADDRESS</b> 30941 SUNEAGLE DR. <b>CITY-ST-ZIP</b> MT. DORA, FL 32757	<b>TITLE</b>	<b>NAME</b> <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** **02/01/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

Attachment Doc# F00000007026  
A0038299

OFFICERS AND DIRECTORS  
HANDEX OF ILLINOIS, INC. CONT.

ASSISTANT SECRETARY  
ALEX CVERCKO  
30941 SUNEAGLE DR.  
MT. DORA, FLORIDA 32757