## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # 768919 Apr 28, 2000 8:00 am Secretary of State 1. Entity Name 4139 MANAGEMENT, INC. 04-28-2000 90014 028 \*\*\*\*61 25 Principal Place of Business Mailing Address 4139 S ATLANTIC AVE 4139 S ATLANTIC AVE NEW SMYRNA BEACH FL 32169-3767 NEW SMYRNA BEACH FL 32169 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2334672 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SACHS MELYNDA 4139 S ATLANTIC AVENUE NEW SMYRNA BEACH FL 32169 Zip Code City FL 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 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE Addition ☐ Delete TITLE Alexander, Don Unit #8:701, 41395. Albertic Ave. ABBOTT, RAYMOND NAME NAME STREET ADDRESS STREET ADDRESS UNIT #B601, 4139 S. ATLANTIC AVE. CITY-ST-718 CITY-ST-ZIP new Smyrna Beach, FL 32169 NEW SMYRNA BEACH FL 32169 TITLE TITLE LEFF, CAROL NAME Boydston, Kenneth NAME STREET ADDRESS STREET ADDRESS 1930 GERONIMO TRAIL also ship du l'outre cur CITY-ST-ZIP CITY-ST-ZIP AKE MATY, FLB2741 MATTLAND FL M Addition ☐ Delete TITLE TITLE Brodbury, Lee NAME NAME BRADBURY, LEE Unit # B703, 41395 Atlantic Ave. STREET ADDRESS 4139 S ATLANTIC AVE., #703B STREET ADDRESS ewsmyrna Beach, FL 32169 CITY-ST-ZIP CITY-ST-ZIP NEW SMYRNA BEACH FL Addition VΡ ☐ Delete TITLE TITLE Sando, Jincent NAME NAME WEISS, TOM unit # A406, 4139 S. Atlantic Ave. STREET ADDRESS STREET ADDRESS UNIT #A207, 4139 S. ATLANTIC AVE. ewsmyrna Beach CITY-ST-ZIP CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169** Change Addition TITLE TITLE NAME NAME ANNETT, TOM STREET ADDRESS STREET ADDRESS 4139 S ATLANTIC AVE #B403 CITY-ST-ZIE CITY-ST-ZIP NEW SMYRNA BEACH FL Change ☐ Addition TITLE TITLE NAME NAME MASAITIS, JACK STREET ADDRESS STREET ADDRESS UNIT #B109, 4139 S. ATLANTIC AVE. CITY-ST-ZIP CITY-ST-7IP NEW SMYRNA BEACH FL 32169 12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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 DOOR Date Date Dayling Phone #