## 2003 FOR PROFIT CORPORATION

**FILED** Apr 04, 2003 8:00 am Secretary of State

04-04-2003 90146 007 \*\*\*150.00

	BUSINESS	
DOCUMENT #	169661	

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

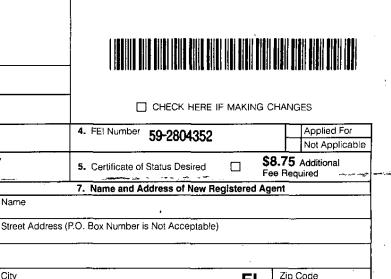
JOCOMENT # JOSC I. Entity Name MANION & ASSOCIATES, INC.	JO 1	
Principal Place of Business 5008 W LINEBAUGH AVE	Mailing Address 5008 W LINEBAUGH AVE	
STE 24	STE 24	
TAMPA FL 33624	TAMPA FL 33624	
10	He	

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.



DATE

MANION, WILLIAM J. 19125 CENTER ROSE BLVD **LUTZ FL 33549** 

Signature, typed or printed name of registered agent and title if applicable

-6. Name and Address of Current Registered Agent

Country

8.	The above named entity submits this statement for the purpose of changing its register	red office or registered agent, o	r both, in the State of Florida.	I am familiar with, and a	accept
	the obligations of registered agent.				
	•				

Country

Name

City

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition MANION, WILLIAM J. NAME NAME 19125 CENTER ROSE BLVD STREET ADDRESS STREET ADORESS LUTZ FL 33549 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition MANION, MARTHA C. NAME NAME 19125 CENTRE ROSE BLVD STREET ADDRESS STREET ADDRESS **LUTZ FL 33549** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #