

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91236 028 ***158.75

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P97000080468**
1. Entity Name
MANCO OF TAMPA BAY, INC. ✓

666470

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1901 ULMERTON RD.
State, Apt. #, etc.
STE. 700
City & State
CLEARWATER, FL
Zip
33762 Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FFI Number
593469554 Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
ROWE, JAMES, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
100 2nd QUES. TOWER
STE. 1201
City
ST. PETERSBURG, FL Zip Code
33701

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 a change)

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is **\$150.00**
After May 1, Fee is **\$550.00**
Amended UBR is **\$81.25**
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PV
MARKEL, GARY L.
1901 ULMERTON RD. STE. 700
CLEARWATER, FL 33762**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TS
NORTH, ANGELA F.
209 S. HOWARD AVE.
TAMPA, FL. 33606**

TITLE
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CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Sect. or 119.07(3)(b), 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 on Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Gary L. Markel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02
DATE

CR2E034B (12/01)