

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 91007 033 ***150.00

DOCUMENT # V19527

1. Entity Name
JOE W. MANGE COMPANY

Principal Place of Business

~~5400 VERNA BLVD.~~
JACKSONVILLE FL 32205

Mailing Address

~~5400 VERNA BLVD.~~
JACKSONVILLE FL 32205
US

2. Principal Place of Business

4579 Lenox Ave
 Suite, Apt. #, etc.

3. Mailing Address

4579 Lenox Ave
 Suite, Apt. #, etc.

City & State

Jac, FL

City & State

Jac, FL

4. FEI Number **59-3109805**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

FAIRCHILD, RONALD D.
701 FISK STREET
SUITE 310
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 **PSTD** ☐ Delete
NAME **MANGE, JOSEPH W JR.**
STREET ADDRESS **5400-4 VERNA BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **S** ☐ Delete
NAME **MANGE, JOANN**
STREET ADDRESS **5400-4 VERNA BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **OV** ☐ Delete
NAME **WIDDOSON, RAY**
STREET ADDRESS **5400 VERNA BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4579 Lenox Ave**
CITY-ST-ZIP **Jac, FL 32205**

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/02 904-786-9476

CR2E034 (9/01)