2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

PED OR PRINTED NAME OF

FILED Jan 30, 2001 8:00 am Secretary of State **DOCUMENT # 340393** GEORGE T. MANN GENERAL CONTRACTOR, INC. 01-30-2001 90094 043 ***150.00 Principal Place of Business Mailing Address 2940 HANSON 2940 HANSON FT MYERS FL 33916 FT MYERS FL 33916 AUU14358 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1263142 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ---Name MANN, GEORGE T JR Street Address (P.O. Box Number is Not Acceptable) 1453 SANDRA DRIVE FT. MYERS FL 33901 Zip Code 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) DATÉ FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition PD □ Change TITLE ☐ Delete TITLE MANN, GEORGE T., JR. NAME NAME STREET ADDRESS STREET ADDRESS 1453 SANDRA DR. CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33901 ☐ Addition Change TITLE **Delete** TITLE MANN.BARBARA B NAME NAME STREET ADDRESS 3934 W. RIVERSIDE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33901 Change ☐ Addition TITLE TITLE Delete NAME MANN, JENA L NAME STREET ADDRESS 1453 SANDRA DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33901 AND ☐ Addition TITLE TITLE ☐ Delete GEORGE T MANN III NAME NAME STREET ADDRESS STREET ADDRESS 1316 BURTWOOD CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33901 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.