

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 388806**

1. Entity Name

MANGUS INSURANCE & BONDING, INC.**FILED**
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90075 049 ***150.00

Principal Place of Business

6196 LAKE GRAY BLVD
STE 101
JACKSONVILLE FL 32244
US

Mailing Address

6196 LAKE GRAY BLVD
STE 101
JACKSONVILLE FL 32244-5867
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1361106

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANGUS, L. PRESTON III
6196 LAKE GRAY BLVD
STE 101
JACKSONVILLE FL 32244

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
V HURST, ROGER R. 2137 PARK STREET JACKSONVILLE FL	☐		
P MANGUS, III, L. PRETSON 2137 PARK STREET JACKSONVILLE, FL 00000	☐		
T OUTLAW, SONJIE K. 2137 PARK STREET JACKSONVILLE FL	☒		
T WEST, LORI T 6196 LAKE GRAY BLVD - STE 101 JACKSONVILLE FL 32244	☐		
S EVANS, ANNETTE M 6196 LAKE GRAY BLVD - STE 101 JACKSONVILLE FL 32244	☐		
	☐		

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 #

1/5/00

904-908-4040

00007452



DO NOT WRITE IN THIS SPACE