## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT# 388806**

Entity Name: MANGUS INSURANCE & BONDING, INC.

WALKER, CORY T

220 S. RIDGEWOOD AVE.

DAYTONA BEACH, FL 32114

Name:

Address: City-St-Zip: FILED Jan 22, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 10151 DEERWOOD PARK BLVD STE 100 JACKSONVILLE, FL 32244 **New Mailing Address: Current Mailing Address:** 10151 DEERWOOD PARK BLVD STE 100 JACKSONVILLE, FL 32244 FEI Number: 59-1361106 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRAMMIG, LAUREL L 401 E. JACKSON ST. STE. 1700 TAMPA, FL 33602 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: COB ( ) Delete () Change () Addition Name: BROWN, J HYATT Name: 220 S. RIDGEWOOD BLVD Address: Address: City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: Title: Title: () Delete () Change () Addition HENDERSON, JIM W Name: Name: 220 S. RIDGEWOOD BLVD. Address: Address: DAYTONA BEACH, FL 32114 City-St-Zip: City-St-Zip: Title: Title: DVPS () Delete () Change () Addition GRAMMIG, LAUREL L Name: Name: 401 E. JACKSON ST., STE. 1700 Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: **VPAS** () Delete Title: () Change () Addition DONEGAN, JR., THOMAS M Name: Name: Address: 401 E. JACKSON ST., STE. 1700 Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LAUREL L. GRAMMIG DVPS 01/22/2002