2003 FOR PROFIT CORPORATION

May $0\overline{6}$, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR) Secretary of State 635007 DOCUMENT # 05-06-2003 90055 004 ***150.00 1. Entity Name MANCO ASSOCIATES INCORPORATED Mailing Address Principal Place of Business 410 W 6TH ST P.O. BOX 909 PANAMA CITY FL 32401 PANAMA CITY FL 32402 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-1963069 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOURAS, CHRIS G Street Address (P.O. Box Number is Not Acceptable) 1920 W. ORLANDO RD. PANAMA CITY FL FL 32402 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change Ĵ. GOURAS, CHRIS G NAME NAME 1920 W. ORLANDO RD. STREET ADDRESS STREET ADDRESS PANAMA CITY FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change GOURAS, MAUREE NAME NAME 1920 W. ORLANDO RD. STREET ADDRESS STREET ADDRESS PANÀMA CITY FL CITY:ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP DTLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with alter the empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

☐ Change

☐ Addition

FILED

ATTACHMENT

80114947

*Only remit Uniform Business Reports in this envelope * If you can wave

PLEASE REMEMBER TO:

Include Fee of \$150.00

Sign Your Check & Make Payable to Florida Department of State

Complete Block 4

Have a Current Officer/Director listed sign in Block 12

Note of the complete Compl