

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90172 041 ***150.00

DOCUMENT # 654351

1. Entity Name

THE LAW OFFICES OF MANZO & ASSOCIATES, P.A.



Principal Place of Business
2395 S WASHINGTON AVE
P O BOX 599
TITUSVILLE FL 32780

Mailing Address
2395 S WASHINGTON AVE
P O BOX 599
TITUSVILLE FL 32780

2. Principal Place of Business

3. Mailing Address

P.O. Box 599

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Titusville FL

4. FEI Number
59-1993716

Applied For
Not Applicable

Zip

Country

Zip

Country

32781

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

RICHARD A MANZO
2395 S WASHINGTON
#5
TITUSVILLE FL 32780

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. 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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MANZO, RICHARD A.
2395 S. WASHINGTON AVE, #5
TITUSVILLE FL 32780

☐ Delete

TITLE
NAME
STREET ADDRESS
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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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/03 221-268-0220

CR2E034 (10/02)