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☐ Change

☐ Addition

2002 UNIFORM BUSINESS REPORT (UBR)						FILED Jan 08, 2002 8:00 am			0165505
DOCUMENT # F04925 1. Entity Name					Secretar			8	
MANLEY-DE BOER, INC.						01-08-2002 90008 012 ***150.00			
	 								
Principal Place	of Business		Mailing Address						
THE SIMONTON			110 SIMONTON STREET			•	· - -		
KEY WEST FL	33040		KEY WEST FL 33040						
- 03		-							
2. Principal Pl	ace of Business	1	3. Mailing Address				AND CLARK PIEN AND DICK		
1109 E			1109 Eato	~ St.					
Suite, Apt. (#, etc.		Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPACE		
Leve (a)	at FL		City & State	حر	4.	FE! Number 59-2034840		pplied For	}
Žip .	Country		Zip June 1, 1				\$9.75		1
3304		s <u>a</u>	33040	Country		Certificate of Status Desired	Fee Require	ed	
	6. Name and Addr	ess of Current Re	egistered Agent -	Name	7.	Name and Address of New Reg	istered Agent		1
DE BOER,	FRIK			₹	12.12				
Street Address (F					ddress (P.O.	Box Number is Not Acceptable)			ł
KEY WEST	•								1
e.				City		••-	FL Zip Coo	de	
8. The above i	named entity submits t	his statement for the	he purpose of changing its re	gistered office or	registered a	gent or both, in the State of Florid	_		1
	C .L	1 P			C/L		.1_1 .		İ
SIGNATURE _	Signature, typed or printed narr	<u> Ce2) D+</u>	<u> </u>	Segistered Agent signatu		<u> </u>	1300	<u></u>	i
		· · · · · · · · · · · · · · · · · · ·				Tellistaerig)	DATE		-
	ration is eligible to satis equirement and elects		After May 1, 2002	FEE IS \$150.0 Fee will be \$5		10. Election Campaign Finan	+0.0)0 May Be	ł
(See criteri			Make Check Payable			Trust Fund Contribution.	Adde	d to Fees	
11.	(OFFICERS AND DI	RECTORS	12.	А	DDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	RS IN 11	_ [
	P		☐ Delete	TITLE			∠ Change	☐ Addition	<u>6</u>
NAME STREET ADDRESS	DEBOER, ERIK	All Diva	S+-	NAME STREET ADDRESS	1411	Pine St.			(0)
	KEY WEST FL	711 1 72	J	CITY-ST-ZIP	7-771	rine st.			CR2E034 (9/01)
TITLE	VS	7-7.	☐ Delete	TITLE		***	☐ Change	☐ Addition	8
	MANLEY, RICHARD	L		NAME					
	1701 BAHAMA'ST			STREET ADDRESS CITY-ST-ZIP					
TITLE	KEY WEST FL		☐ Delete	TITLE		······································			
I	WIGHTMAN, CARO	LA	LJ Deiete	NAME			☐ Change ⁻	Addition	
STREET ADDRESS	108 FRONT ST			STREET ADDRESS					
CITY-ST-ZIP	KEY WEST FL			CITY-\$T-ZIP					l
TITLE			☐ Delete	TITLE			□ Сһалде	☐ Addition	l
NAME STREET ADDRESS				NAME STREET ADDRESS					ı
CITY-ST-ZIP				CITY-ST-ZIP					ı
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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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.