

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90066 028 ***150.00

DOCUMENT # F61023

1. Entity Name

MANTOVANI, INC.

Principal Place of Business

Mailing Address

691 DOUGLAS STE 105
 P O BOX 521746
 LONGWOOD FL 32752-1746
 US

691 DOUGLAS AVE STE 105
 P O BOX 521746
 LONGWOOD FL 32752-1746
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1660 WARWICK PL

P.O. Box 521746

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #1

City & State

City & State

LONGWOOD, FL

LONGWOOD, FL

Zip

Country

Zip

Country

32750

USA

32752-1746

USA

4. FEI Number

59-2146542

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

MANTOVANI, COSMO C.

691 DOUGLAS AVE

STE 105

ALTAMONTE SPRGS FL 32714

Name

MANTOVANI, COSMO C.

Street Address (P.O. Box Number is Not Acceptable)

1660 WARWICK PL

SUITE #1

City

LONGWOOD

FL

Zip Code

32750

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

COSMO C. MANTOVANI, *Cosmo C. Mantovani*

1-29-02

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, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. 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	D	<input type="checkbox"/> Delete
NAME	MANTOVANI, COSMO C	
STREET ADDRESS	1660 WARWICK PLACE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	PTS	<input type="checkbox"/> Delete
NAME	MANTOVANI, COSMO C	
STREET ADDRESS	1660 WARWICK PLACE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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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.

SIGNATURE:

Cosmo C. Mantovani
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-02

Date

407-831-2505

Daytime Phone #

CR2E034 (9/01)

0080343 AV