

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90117 007 ***150.00

DOCUMENT # F74518

1. Entity Name
MANNIX REALTY, INC.



Principal Place of Business
9816 E. COLONIAL DR.
P.O. BOX 677307
ORLANDO FL 32867
US

Mailing Address
5018 SHELLEY CT
ORLANDO FL 32807
US

10001004



XX CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
9816 E. Colonial Dr
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Orlando, FL

City & State

4. FEI Number **59-2185179**

Applied For
Not Applicable

Zip
32807

Country
US

Zip

Country

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

HARRIS, AMOS WILLIAM
5018 SHELLEY COURT
ORLANDO FL 32807

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
DPS
HARRIS, AMOS WILLIAM ☒ Delete
5018 SHELLEY COURT
ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT ☐ Change ☒ Addition
Teresa C. Parker
10606 Creel Ct
Orlando, FL 32825

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP ☒ Delete
HARRIS, JACK A
5018 SHELLEY COURT
ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVPS ☐ Change ☒ Addition
Dean A. Parker
10606 Creel Ct
Orlando, FL 32825

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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: *Teresa C. Parker* **Teresa C. Parker**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-28-2003** Daytime Phone # **407-277-2141**

CR2E034 (10/02)