2001 UNIFORM BUSINESS REPORT (UBR)

Mar 15, 2001 8:00 am DOCUMENT # G37746 **Secretary of State** 1. Entity Name MANBAR, INC. 03-15-2001 90031 033 ***150.00 Principal Place of Business Mailing Address 14406 12TH STREET 14406 12TH STREET DADE CITY, FL 33523 DADE CITY, FL 33523 A0033318 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2288484 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 GREENFELDER, GLEN E, ATTNY AT LAW Street Address (P.O. Box Number is Not Acceptable) 14217 THIRD STREET DADE CITY, FL 33525 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE Change ☐ Addition MANDER, AR III NAME NAME STREET ADDRESS STREET ADDRESS 14402 OLD MISSION RD CITY-ST-7IP CITY-ST-ZIP DADE CITY, FL TITLE D۷ ☐ Delete TITLE Change Addition NAME MANDER, AR, JR NAME STREET ADDRESS STREET ADDRESS 37411 LAYTON DR. CITY-ST-ZIP CITY-ST-ZIP DADE_CITY_FL TITLE ☐ Defete TITLE ☐ Change Addition DS NAME NAME MANDER, DEANNA B. STREET ADDRESS STREET ADDRESS 14402 OLD MISSION RD CITY-ST-ZIP CITY-ST-ZIP DADE CITY, FL ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME BARDIN, KATHARINE T. STREET ADDRESS STREET ADDRESS 14406 12TH STREET CITY-ST-ZIP CITY-ST-ZIP DADE CITY, FL ☐ Addition Delete TITL F Change TITLE NAME NAME MANDER, FRANCES B. STREET ADDRESS STREET ADDRESS 37411 LAYTON DR. CITY-ST-ZIP CITY-ST-ZIP DADE CITY, FL ☐ Addition ☐ Change ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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

SIGNATURE:

(352) 567-6417

Date

Daytime Phone

FILED