


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

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90073 032 \*\*\*150.00

DOCUMENT # G37746  
1. Entity Name  
MANBAR, INC.



J004401J

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
14406 12TH STREET  
Suite, Apt. #, etc.

3. Mailing Address  
14406 12TH STREET  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
DADE CITY, FLORIDA

City & State  
DADE CITY, FLORIDA

4. FEI Number  
59-2288484

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Zip Country  
33523 US

Zip Country  
33523 US

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
GREENFELDER, GLEN E., ATTNY AT LAW

Street Address (P.O. Box Number is Not Acceptable)  
14217 THIRD STREET

City  
DADE CITY FL Zip Code  
33525

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MANDER, A.R. III 14402 MISSION RD DADE CITY FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MANDER, A.R., JR. 37411 LAYTON DR. DADE CITY FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MANDER, DEANNA B. 14402 MISSION RD DADE CITY FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT BARDIN, KATHARINE T. 14406 12TH STREET DADE CITY FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANDER, FRANCES B. 37411 LAYTON DR. DADE CITY FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  A.R. MANDER, III  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-28-03 Date 352-567-6417 Daytime Phone #