

FILED
May 12, 2002 8:00 am
Secretary of State

03-31-2002 90362 024 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H33072

1. Entity Name
MANDHEL, INC.

Principal Place of Business
**10161 WALES LOOP
BONITA SPRINGS FL 33923
US**

Mailing Address
**10161 WALES LOOP
BONITA SPRINGS FL 33923
US**

27478



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
10161 Wales Loop

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Bonita Springs, FL

4. FEI Number **59-2606835**

Applied For
Not Applicable

Zip Country

Zip Country
34135 US

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

6. Name and Address of Current Registered Agent

**O'NEILL, ARLENE
MARQUIS MANAGEMENT
9400 GLADIOLAS DR
FORT MYERS FL 33908**

7. Name and Address of New Registered Agent

Name
Steven Falk
Street Address (P.O. Box Number is Not Acceptable)
850 Park Shore Dr, Trianon Center, 3rd Flr
City
Naples FL Zip Code 34103

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

4/23/02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FRADY, JEAN 10820 WALES LOOP BONITA SPRINGS FL 34135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PUNDT, MERTON 10280 WALES LOOP BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELBERT, DOROTHY 10751 WALES LOOP BONITA SPGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TRAVERSO, ANN L. 10430 WALES LOOP BONITO SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Dorothy Elbert, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-02
Date

239-495-7007
Daytime Phone #

CR2E034 (9/01)