FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2007 8:00 am
Secretary of State
05-11-2007 90030 023 ***150.00

DOCUMENT # H58782

1. Entity Name

The Mango Tree Restaurant

DO NOT WRITE IN THIS SPACE

40111028

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
118 N. Atlantic Ave	119 N. Victory Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cocoa FL	City & State: Lyons GA
Zip: 32931 County: Brevard	Zip: 30436 County: Thoombs

4. FEI Number: 262 45 1456 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Robert Price

Street Address (P.O. Box Number is Not Acceptable): 118 N Atlantic Ave

City: Cocoa FL Zip Code: 32931

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: Robert Price 5-1-07

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

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	President - Robert Price 118 N. Atlantic Ave. Cocoa Fl 32931
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President - Betty Price 119 N. Victory Dr Lyons GA
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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.

912-526-9629

SIGNATURE: Robert Price 5-4-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #